Owner Name and Address:

Agricultural Research Service -

BARC

10300 Baltimore Avenue, Building 003,

Contact: Christian Obineme

Phone:

(301) 504-6005

Facility ID Location Street Address **Zip** 20705 **Location Name** Location City Phone: (301) 504-6005 9292 Beltsville Agricultural Research Center 10300 Baltimore Avenue Beltsville Building 003, Room 221

Tank ID Status	Installed Age (yr)	Product Capacity	Tank Mat'l of Construction Secondary Option	Piping Material Secondary Option	Piping Type	Tank Release Detection Piping Release Detection	FR Met Over/Spill/CP
001 Currently In Use	1/1/1994 12	Diesel 1,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes Yes Yes
002 Currently In Use	1/1/1994 12	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes Yes Yes
003 Currently In Use	1/1/1994 12	Gasoline 10,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes Yes Yes
004 Currently In Use	1/1/1994 12	Diesel 2,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes Yes Yes
005 Currently In Use	1/1/1994 12	Kerosene 550	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes Yes Yes
006 Currently In Use	10/1/1993 13	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	ABOOEEGHUUKU BOOEEGHUUKU	Yes Yes Yes Yes
007 Currently In Use	8/1/1993 13	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	ONOTHER BOOK	Yes Yes Yes Yes
008 Currently In Use	4/1/1994 12	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	ABCOEFGHUURU BOEFGHUURU	Yes Yes Yes Yes
009 Currently In Use	4/1/1994 12	Heating Oil 20,000	Fiberglass Reinforced Plastic Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	ABCOEFGHTUSU BOEFGHTUSU	Yes Yes Yes Yes

Tank/Piping Release Detection Codes

A Manual Tank Gauging B Tank/Line Tightness Testing

C Inventory Control D ATG/Auto Line LD E Vapor Monitoring GW Monitoring

G Interstit. Dbl-Wall Monitor

I SIR H Interstit. Sec. Con. Monitor J Other Methods K Deferred
Not Listed

Report Generation Date: 12/6/2006

Owner Name and Add	dress:	Agricultu BARC	ıral Research Service -		10300 Baltimore Avenue	, Building 003,				
	/1/1994 2	Contact: Gasoline 4,000	Christian Obineme Composite (Steel w/ FRP) Double-Walled		Phone: (301) 504-6008 Fiberglass Reinforced Plastic Double-Walled		00000000000000000000000000000000000000	Yes Yes	Yes	Yes
	/1/1994 2	Diesel 2,500	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes	Yes	Yes
and the second s	/1/1996 0	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes	Yes	Yes
	/1/1996 0	Gasoline 4,000	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes	Yes	Yes
	/1/1991 5	Heating Oil 1,000	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized	ABCOEOGUOQU B OEFGUOQU	Yes Yes	Yes	Yes
	/1/1994 2	Heating Oil 550	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized	ABCOEOGHUURU BOEFGHUURU	Yes Yes	Yes	Yes
	/1/1994 2	Heating Oil 6,000	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized	0800800000 B 08000000	Yes Yes	Yes	Yes
	/1/1991 5	Heating Oil 2,000	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes Yes	Yes	Yes
	/1/1991 5	Heating Oil 550	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes	Yes	Yes
	/1/1992 4	Heating Oil 1,000	Composite (Steel w/ FRP) Double-Walled		Fiberglass Reinforced Plastic Double-Walled	Pressurized	ABCOEOOHOOKU B OFFGHUOKU	Yes Yes	Yes	Yes
	/1/1994 2	Heating Oil 4,000	Composite (Steel w/ FRP) Double-Walled	٠	Fiberglass Reinforced Plastic Double-Walled	Pressurized		Yes Yes	Yes	Yes



A Manual Tank Gauging
B Tank/Line Tightness Testing

C Inventory Control
D ATG/Auto Line LD

E Vapor Monitoring
F GW Monitoring

G Interstit. Dbl-Wall Monitor
H Interstit. Sec. Con. Monitor

SIR

Other Methods

K Deferred
Not Listed

Owner Name and A	ddress:	Agricultu BARC	ıral Research Service -	10300 Baltimore Avenue	, Building 003,				:
021 Currently In Use	8/1/1991 15	Contact: Heating Oil 20,000	Christian Obineme Fiberglass Reinforced Plastic Double-Walled	Phone: (301) 504-6009 Fiberglass Reinforced Plastic Double-Walled	the second secon	@@@@@@@UU\\\ @@@@@@@\U\\\	Yes Yes	Yes	Yes
022 Currently In Use	8/1/1991 15	Heating Oil 1,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	0800E00H1J80	Yes Yes	Yes	Yes
023 Permanently Out of Use	3/1/1995 11	Heating Oil 3,000	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	OSCHOOSOSS OSCHOOSOSS	Yes Yes	Yes	Yes
024 Currently In Use	6/1/1994 12	Heating Oil 550	Composite (Steel w/ FRP) Double-Walled	Fiberglass Reinforced Plastic Double-Walled	Pressurized	OSCHOOLSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSO	Yes Yes	Yes	Yes
025 Permanently Out of Use		Heating Oil 2,000	Composite (Steel w/ FRP) Double-Walled	Copper None	Safe Suction	•B••EFGHIJ&U B DEFGHIJ&U	Yes Yes	No	No
026 Permanently Out of Use		Heating Oil 550	Polyethylene Tank Jacket None	Copper None	Safe Suction	• B • • E F G H I J K C	Yes Yes	No	No
027 Permanently Out of Use	,	Heating Oil 550	Composite (Steel w/ FRP) None	Copper None	Safe Suction	OBOCEGHOURO B OCEGHOURO	Yes Yes	Yes	No
028 Permanently Out of Use	-	Heating Oil 5,000	Composite (Steel w/ FRP) None	Fiberglass Reinforced Plastic Double-Walled	Safe Suction	ABOOEFGHTURO B DEFGHTURO	Yes Yes	Yes	Yes
029 Permanently Out of Use		Heating Oil 1,000	Asphalt Coated or Bare Steel None	Copper None	Safe Suction	• BCOEFGHOOKO	Yes No	No	No
030 Permanently Out of Use		Heating Oil 550	Asphalt Coated or Bare Steel None	Copper None	Safe Suction	OBCOEFGHIORU B OBFGHIORO	Yes No	No	No
031 Permanently Out of Use	-	Heating Oil 1,000	Asphalt Coated or Bare Steel None	Copper None	Safe Suction	• • • • • • • • • • • • • • • • • • •	Yes No	No	No



Owner Name and Address:		Agricultu BARC	ıral Research Service -	10300 Baltimore Avenue, Building 003,					
032 Permanently Out of Use		Contact: Heating Oil 550	Christian Obineme Asphalt Coated or Bare Steel None	Phone: (301) 504-600 Copper None	Safe Suction	● ®©®EF@₩ÛJ&Û ® ØEF@₩ÛJ& ®	Yes No	No	No
033 Permanently Out of Use	1/1/1993 13	Heating Oil 4,000	Polyethylene Tank Jacket Double-Walled	Copper None	Safe Suction	ABCDEFGHIJ&C	Yes No	No	No:
034 Permanently Out of Use	8/1/1992 14	Gasoline 4,000	Fiberglass Reinforced Plastic None	Fiberglass Reinforced Plastic None	Not Listed	ABCOEFGHUUKO BOEFGHUUKO	Yes No	No	Yes
035 Permanently Out of Use	5/1/1992 14	Diesel 550	Fiberglass Reinforced Plastic None	Fiberglass Reinforced Plastic None	Not Listed	@ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @	Yes No	No	Yes

-Tank/Piping Release Detection Codes

A Manual Tank Gauging
B Tank/Line Tightness Testing

C Inventory Control
D ATG/Auto Line LD

E Vapor Monitoring
F GW Monitoring

G Interstit. Dbl-Wall Monitor
H Interstit. Sec. Con. Monitor

SIR
Other Methods

K Deferred

Not Listed

Return completed form to: Maryland Department of the Environment Oil Control Program 2500 Broening Highway Baltimore MD 21224 TYPE OF NOTIFICATION: (check one)	State Use Only Facility ID Number 9292 Alt ID Number NEW Date Entered into Computer Data Clerk's Initials
□ New Facility → Amended □ Closure Number of tanks at facility Number of continuation sheets attached	Owner Contacted to Clarity Response
I. OWNERSHIP INFORMATION: Owner Name: U.S. D.A. Street Address: B. A.R. C. B.	Non-Commercial Residential Agricultural
Facility Name or Company Site Identifier 1.5 D. A. Street Address: BL 309 Pow	Jan M.U. 20.
Mailing Address (if different from above): 10300 BALTI BELBUILLE W. 20705 City State Zip Code Phone Number () 1-301-504 Facility Operator: CHRISTIAN A. W. MDE 231 (rev. 12/96)	County County BiNEMIE OBINEMIE OU CONTROL PROCEDANT

O'L CONTROL PROGRAM

l. 	TYPE OF FACILITY: (check of	nne)	•
/		,	
	Federal Non-Military	Gas Station	Private Home
	Federal Military	Petroleum Distributor	Apt. / Condo
-	Educational	Trucking / Transport	Farm / Nursery
	Fire/Rescue/Ambulance	Industrial	Marina
	Public Service	Contractor	Store
-	Utilities	Airline	Office
	Railroad	Auto Dealership	Other
	T Call you	Auto Dodiolomp	Oulei
		Sur Personal Control of the Control	
,		ADOLOG TANKO	
	CONTACT PERSON IN CH		AREN Enery Corse
me:	CAKISTIAN VI.W.	OBINEME	_ Job Title:
	10300 BALTIMONE	Auc	
dress	BLI 003, ROOM	221, BARC. West	Phone Number: _()
	•		
<u></u>			
	I have met the tinancial respons	sibility requirements in accordance y	heet) with 40 CER Part 280, Subpart H
		sibility requirements in accordance v	
		sibility requirements in accordance v	
	□ YES □ No	sibility requirements in accordance v	
	☐ YES ☐ No Commercial Insurance	sibility requirements in accordance v	
 Policy	☐ YES ☐ No Commercial insurance # ————	Self Insurance	
– Policy nsure	☐ YES ☐ No Commercial Insurance /#———————————————————————————————————		with 40 CFR Part 280, Subpart H
– Policy nsure	☐ YES ☐ No Commercial insurance # ————	Self Insurance	with 40 CFR Part 280, Subpart H Letter of Credit
– Policy nsure	☐ YES ☐ No Commercial Insurance /#———————————————————————————————————	Self Insurance Insurance Pool	Letter of Credit Surety Bond Other method allower
– Policy nsure	☐ YES ☐ No Commercial Insurance /# er //Broker	 Self Insurance Insurance Pool Risk Retention Group 	with 40 CFR Part 280, Subpart H Letter of Credit Surety Bond

VII. DESCRIPTION	OF UNDERGR	OUND STORAG	GE TANKS (comp	lete for each tank at th	nis facility)
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No	Tank No. Z	Tank No	Tank No	Tank No
Status of Tank (Mark only one)				. :	
Currently in Use		V			
Temporarily Out of Use		<u>′</u>			
Permanently Out of Use			,		
2. Date of Installation (mo/yr)	1/93	7/93			900
3. Total Capacity (gallons)	20,0000	L 20,0005 M	C		
4. Material of Construction					. ,
(mark all that apply)		. ``			
	· · · · · · · · · · · · · · · · · · ·				
Asphalt Coated or Bare Steel Cathodically Protected Steel		 			
Composite (Steel w/ Fiberglass)					
Concrete			 		
Fiberglass Reinforced Plastic					
Polyethylene Tank Jacket			 		
Unknown					
Other (specify)					\ <u></u>
			C		7,
Has tank been repaired?	Yes_ No	Yes / No	Yes No	Yes No	Yes No_
	·				
Double-walled					
Excavation Liner					
Lined Interior					
5. Piping (material)	-				, ,
(mark all that apply)			. +		<i>₹</i>
Bare Steel					
Galvanized Steel					
Fiberglass Reinforced Plastic					
Coppe:					
Flexible Plastic Unknown					
Unknown		 			
Other (specify)		· · · · · · · · · · · · · · · · · · ·			
(-p))					
Cathodically Protected			<u> </u>		1
Double-walled					
Secondary Containment					
			[1	1 ——

Facility ID Number:	Page 4 of 5
	:

VII. DESCRIPTION	OF UNDERGR	OUND STORAG	SE TANKS (compl	ete for each tank at thi	s facility)
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No#12	Tank No.#2	Tank No	Tank No	Tank No
6. Piping (Type)					
(mark all that apply)		٠.			
_					
Pressure					
Gravity Feed Suction: no valve at tank					
(Safe Suction)				\ <u>-</u>	
Suction: valve at tank (U.S. Suction)					
Has piping been repaired?	Yes No	YesNo	Yes No	Yes No	Yes No
	Replaced	Ropland			
7. Substance Currently					
or Last Stored			· .		
Gasoline Diesel					
Gasohol					
Kerosene					
Heating Oil					
Used Oil					
Hazardous Substance			. : :		<u></u>
CERCLA name and/or CAS#					
Other, please specify			-		·
,					
Mixture of Substances					
Please specify					
,					-
8. Closing of Tank	-				
Estimated date last used				·	<u> </u>
(mo/day/yr)		, , , , , , , , , , , , , , , , , , , ,			
Date tank closed (mo/day/yr)					
Tank was removed from ground	Yes No	Yes No	Yes No	Yes No	Yes No
Tank filled with inert material	Yes No	Yes No	Yes No	Yes No	Yes No
List material used			· · · · · · · · · · · · · · · · · · ·		
Change in service to non-			,		
regulated substance	Yes No	Yes No	Yes No	Yes No	Yes No
Site Assessment Completed?	Yes No	Yes No	Yes No	Yes No	Yes No

Maryland Department of the Environment Oil Control Program 2500 Broening Highway Baltimore MD 21224	State Use Only Facility ID Number 9892 All ID Number NEW Date Entered into Computer
TYPE OF NOTIFICATION: (check one)	Data Clerk's Initials
□ New Facility □ Amended Closure	Constitution Cont. Burney
Number of tanks at facility Number of continuation sheets attached	Owner Contacted to Clarify Response
I. OWNERSHIP INFORMATION:	
Owner Name: 0.5. D. A.	Owner ID:
Street Address: B. A.R.C. Powler Mill D.I. BL Q 00 3 Room 221	TYPE OF OWNER: (check one)
Mailing Address (if different from above): 10300 Ralinwach	Federal Corporation State Company
Solbuille Mu, 20705-23 City State Zip Code County:	Local — Partnership — Individual — Non-Commercial
(30) 504 - 6005 Phone Number:	Residential Agricultural Non-Profit Agency
Contact Person: CHRISTIAN A.W. OBIV	UE ME Non-Front Agency
II. LOCATION OF TANK(S)	
Facility Name or Company Site Identifier U.S.A. BARC.	
as applicable	
Street Address: B. H.R.C. Towle	or 111.16 DI.
Mailing Address (if different from above): 10300 BALT. New	MARC BLIOUS DOORZZI BARC Wes
BELISUILLE MD. 2005-235 City State Zip Code	County In E G B I W B In
Filotie Nutriber	Q = 0 = 0 = 10 JUL 0 + 1997 [1]
Facility Operator: CHRISTVAN H. M. O MDE 231 (rev. 12/96)	BIWEME OLL CONTROL PROGRAM

III.	TYPE OF FACILITY: (check one	e)	
	Federal Non-Military	Gas Station	Private Home
·	The same of the sa	Petroleum Distributor	Apt. / Condo
	Educational	Trucking / Transport	Farm / Nursery
	Fire/Rescue/Ambulance	Industrial	Marina
14. 	Public Service	Contractor	Store
	Utilities	Airline	Office
·	Railroad -	Auto Dealership	Other
-	- Callinga		
			tain to
V.	CONTACT PERSON IN CHAI	RGE OF TANKS	AREN ENERGY POISON
Vame	CHRISTIAN M. N.	DISTUEME JO	AREN Energy Porson
\ddre	ss: 10300 BALT, non x, 1	401 Bld 003 Ph ROW 221 BARCW	one Number: 30,504-6
		ROW 221 BARCW	75
	and the state of t		
/ .		Y (if applicable - see instruction sheet bility requirements in accordance with	
√.			
<i>i</i> .	I have met the financial responsit		
/.	I have met the financial responsit		
· .	Thave met the financial responsit ☐ YES ☐ No		
Poli	Thave met the financial responsit ☐ YES ☐ No Commercial Insurance	Self Insurance	40 CFR Part 280, Subpart H
Poli Insi	Thave met the financial responsite ☐ YES ☐ No Commercial Insurance ☐ Cy #	Self Insurance Insurance Pool	40 CFR Part 280, Subpart H Letter of Credit Surety Bond
Poli Insu Age	Thave met the financial responsite ☐ YES ☐ No Commercial Insurance ☐ cy #	Self Insurance Insurance Pool Risk Retention Group	 40 CFR Part 280, Subpart H Letter of Credit Surety Bond Other method allow
Poli Insu Age	Thave met the financial responsite ☐ YES ☐ No Commercial Insurance icy #	Self Insurance Insurance Pool	40 CFR Part 280, Subpart H Letter of Credit Surety Bond
Insi Age	Thave met the financial responsite ☐ YES ☐ No Commercial Insurance ☐ cy #	Self Insurance Insurance Pool	40 CFR Part 280, Subpa
Poli Insi Age	Thave met the financial responsite YES	Self Insurance Insurance Pool Risk Retention Group Guarantee	Letter of Credit Surety Bond Other method allo
Poli Insu Age	Thave met the financial responsite YES No Commercial Insurance for #	Self Insurance Insurance Pool Risk Retention Group Guarantee eted by owner or owner's representating the large personally examined, and arredocuments, and that the information	Letter of Credit Letter of Credit Surety Bond Other method allow (specify) ve) In familiar with, the information
Poli Insu Age Pho	Thave met the financial responsite YES No Commercial Insurance cy # ent/Broker one No CERTIFICATION (to be completed in this and all attached COMAR 26.10.03, and is true, acceptable in the complete i	Self Insurance Insurance Pool Risk Retention Group Guarantee eted by owner or owner's representation to have personally examined, and am documents, and that the information occurate, and complete.	Letter of Credit Letter of Credit Surety Bond Other method allow (specify) refamiliar with, the information provided is in compliance with
Poli Insu Age Pho	Thave met the financial responsite YES No Commercial Insurance cy # ent/Broker one No CERTIFICATION (to be completed in this and all attached COMAR 26.10.03, and is true, acceptable in the complete i	Self Insurance Insurance Pool Risk Retention Group Guarantee eted by owner or owner's representating the large personally examined, and arredocuments, and that the information	Letter of Credit Letter of Credit Surety Bond Other method allow (specify) ve) In familiar with, the information provided is in compliance with
Poli Insu Age Pho	Thave met the financial responsite YES No Commercial Insurance cy # ent/Broker one No CERTIFICATION (to be completed in this and all attached COMAR 26.10.03, and is true, acceptable in the complete i	Self Insurance Insurance Pool Risk Retention Group Guarantee eted by owner or owner's representation to have personally examined, and am documents, and that the information occurate, and complete.	Letter of Credit Letter of Credit Surety Bond Other method allow (specify) ve) n familiar with, the information provided is in compliance with

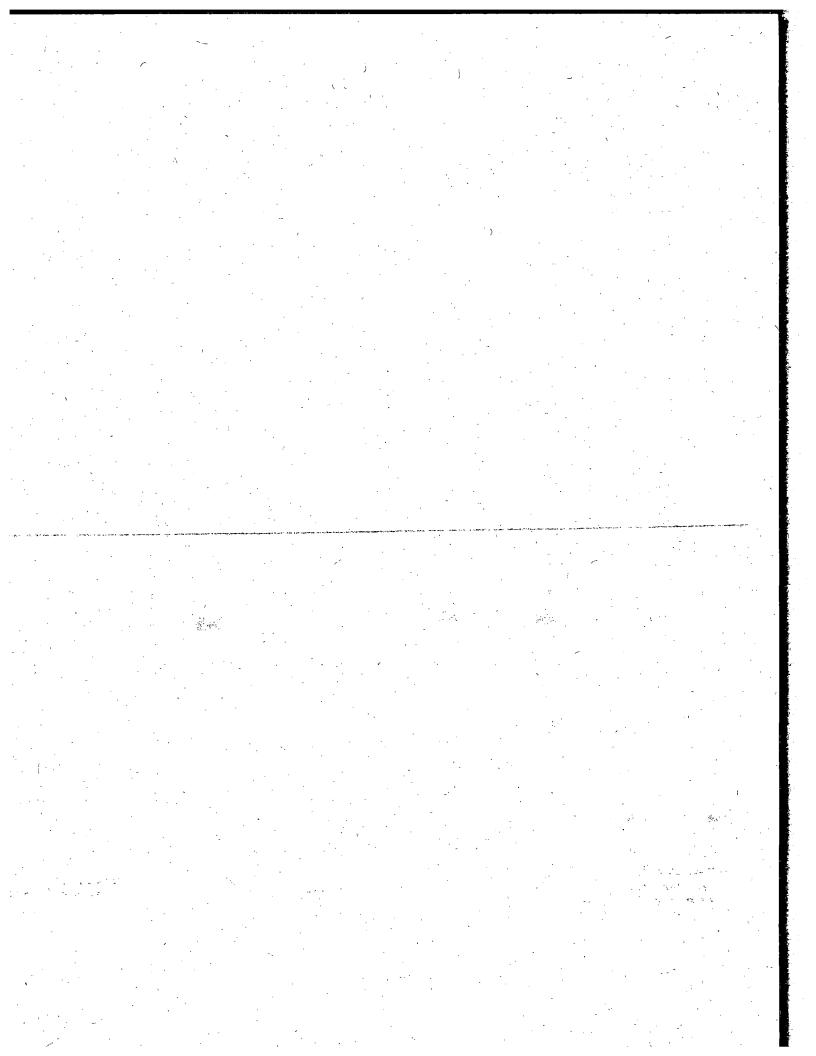
Facility ID Number:	Page 3	of 5

VII. DESCRIPTION	OF UNDERGR	OUND STORAG	SE TANKS (comp	lete for each tank at th	is facility)
Tank Identification Number	Tank No	Tank No		Tank No	Tank No
Alt. Tank ID Number	Tank No. 3390	Tank No. 328	Tank No. 340	Tank No.468	Tank No 191
Status of Tank (Mark only one)	 :				
Currently in Use					
Temporarily Out of Use Permanently Out of Use	7/25/97	7/25/97	7/25/77	7/25/97	7/25/9
2. Date of installation (mo/yr)					
3. Total Capacity (gallons)	1,000	1,000	4,000	1000	1000
Material of Construction (mark all that apply)					
Asphalt Coated or Bare Steel Cathodically Protected Steel Composite (Steel w/ Fiberglass) Concrete					~
Fiberglass Reinforced Plastic Polyethylene Tank Jacket Unknown					
Other (specify) Has tank been repaired?	Yes No	Yes No	Yes No	Yes No	Yes No
Double-walled Excavation Liner Lined Interior					
5. Piping (material) (mark all that apply)	•				
Bare Steel Galvanized Steel Fiberglass Reinforced Plastic					
Coppe: Flexible Plastic Unknown					
Other (specify)					
Cathodically Protected Double walled Secondary Containment					

Tanic Mentification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	BLL 339D Tank No	Tank No	Tank No.	Tank No. 46 8	Tank No. 191
6. Piping (Type)	10 To 10 Est. 1	1.00			er in the contract of the cont
(mark all that apply)	1				
			. to the first control of	TO AMEDICA VICTOR	
Pressure			Surface agreed to the	r 46,365 1	
Gravity Feed					
Suction: no valve at tank (Safe Suction)	V				
Suction: valve at tank			**		
(U.S. Suction)			and the second s		
Has piping been repaired?	Yes No	Yes No/	Yes No	Yes No	Yes No
7. Substance Currently					
or Last Stored				an - C	
		And the second s			· *
Gasoline					
Diesel	and the same of th				
Gasohol		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Kerosene	was provide a superior of the				<u> </u>
Heating Oil				A Chillen, or	
Used Oil					
Hazardous Substance		Astronomic Control			
CERCLA name and/or CAS #					<u> </u>
and the second second second			· · · · · · · · · · · · · · · · ·		
Other, please specify	· · ·				
	<i>J</i>				
Mixture of Substances	· .				
Please specify					
8. Closing of Tank				·.	
Estimated date last used (mo/day/yr)	7, 13, 92	7,/3,97	7,/3,97	7,13,97	7,13,9
Date tank closed (mo/day/yr)	7,25,97	7,17,97	7,18,97	7,/8,97	7,23,5
Tank was removed from ground	Yes No	Yes No	Yes No	Yes// No	Yes No_
Tank filled with inert material	Yes No	Yes No/	Yes No	Yes No	Yes No_4
List material used					
Change in service to non- regulated substance	Yes No	Yes No/	Yes No	Yes No	Yes No
9. Size Assessment Completed?	Yes_No_X	Yes No	Yes No	Yes_No	YesNo

 	* *
Facility ID Number:	Page 5 of 5

VII. DESCRIPTION	OF UNDERGR	OUND STORAG	SE TANKS (comp	lete for each tank at th	nis facility)
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No.3390	Tank No_323_	Tank No.34 8	Tank No. 468	Tank No. 19 1
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging					
Tank tightness testing					
Inventory controls					
Automatic tank gauging					
Vapor monitoring					
Groundwater monitoring					
Interstitial monitoring double- walled tank/piping					
Statistical Inventory Reconciliation (SIR)					
Automatic line leak detection					
Line tightness testing					
Other method allowed (specify)					
11. Spill and Overfill Protection					is
Overfill device installed					
Spill catch basin					<u> </u>
12. Stage I Vapor Recovery	Yes No	Yes No	Yes No	Yes No	Yes No
13. Stage II Vapor Recovery	Yes No	Yes No	Yes No	Yes No	Yes No
VIII. CERTIFICATION OF	COMPLIANCE (con	nplete for all new and o	ipgraded tanks at this	location)	* * *
Lemo	146 -1	NSTALLER CERTI	FICATION		· ·
l certify that the undergroun applicable regulations.	d storage system i	nstalled, upgraded,	or repaired at this fe	acility is in complian	ce with all
Print Name	2-11110		Signature		
MDIC- 97-	- 1473 (T)	1/25/9	7 WASTE	-TRU OF 1	W.J.
State ID Number	er	Date	Company	14/10-536-	4200



Return completed form to:	State Use Only
Maryland Department of the Environment	Facility ID Number 9292
Oil Control Program	
2500 Broening Highway Battimore MD 21224	All ID Number <u>6 009815 (26 </u>
**********	Date Entered into Computer <u>Q-18-9</u>
	1711
TYPE OF NOTIFICATION: (check one)	Data Clerk's Initials // Y
□ New Facility Amended □ Closure	Owner Contacted to Clarify Response
Number of tanks at facility Number of continuation sheets attached	Comments
	THE STATE OF THE S
I. OWNERSHIP INFORMATION:	
Cwner Name: Agricultural Research Service BARC	Owner ID 6009815 05 633
	TYPE OF OWNER: (check one)
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 22	<u>4</u>
Mailing Address	Government Commercial
(if different from above):	- X Federal — Corporation
Beltsville MD 20705	State Company Local Partnership
City State Zip Code	Individual
Prince Georges	
County:	Non-Commercial
(301) 504-6005	Residential
Phone Number:	X Agricultural Non-Profit Agency
Contact Person: Christian Obineme	- Non-Tront Agency
·	
II. LOCATION OF TANK(S)	
Facility Name or Separate Site Identifier Beltsville Agricultural Res	DEGELVE
Company Site Identifier Bettsville Agricultural Res	4.6
	DEC 2 2 1998
Street Address: 10300 Baltimore Ave., Bldg. 003, F	
Mailing Address (if different from above):	OIL CONTROL PROGRA
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number_(301) 504-6005	
Facility Operator: Christian Obineme	

	· · · · · · · · · · · · · · · · · · ·	•
. TYPE OF FACILITY: (check or	ne)	
CFederal Non-Military	Gas Station	Private Home
		, 11
Federal Military	Petroleum Distributor	Apt. / Condo
Educational	Trucking / Transport	Farm / Nursery
Fire/Rescue/Ambulance	Industrial	Marina
Public Service	Contractor	Store
Utilities	Airline	Office
Railroad	Auto Dealership	Other
. CONTACT PERSON IN CHA	ARGE OF TANKS	
Christian Obineme	la.	h Title: Conservation Speciali
me:	30	b fide.
ARS, 10300 Balt. Ave., B	ldg. 003, Rm. 221	
	ldg. 003, Rm. 221	one Number: (301 504-6005
Beltsville MD 20705	Phosphility requirements in accordance with)
Beltsville MD 20705	TY (if applicable - see instruction sheet))
Beltsville MD 20705 FINANCIAL RESPONSIBILITY I have met the financial respons	TY (if applicable - see instruction sheet))
FINANCIAL RESPONSIBILITY I have met the financial respons	TY (if applicable - see instruction sheet) sibility requirements in accordance with) 40 CFR Part 280, Subpart H
FINANCIAL RESPONSIBILITY I have met the financial respons YES No Commercial Insurance Policy #	TY (if applicable - see instruction sheet) sibility requirements in accordance with) 40 CFR Part 280, Subpart H Letter of Credit
FINANCIAL RESPONSIBILITY I have met the financial respons YES No Commercial Insurance Policy #	TY (if applicable - see instruction sheet) sibility requirements in accordance with a sibility requirement in a sibility req) 40 CFR Part 280, Subpart H Letter of Credit Surety Bond
FINANCIAL RESPONSIBILITY I have met the financial respons YES No Commercial Insurance Policy # InsurerAgent/Broker	TY (if applicable - see instruction sheet) sibility requirements in accordance with a sibility requirement and a sibility requirements in accordance with a sibility requirement and a sibility requirement a sibility requirement a sibility requirement and a sibility requirement a sibility	Letter of Credit Surety Bond Other method allowed
FINANCIAL RESPONSIBILITY I have met the financial respons YES No Commercial Insurance Policy # Insurer Agent/Broker	TY (if applicable - see instruction sheet) sibility requirements in accordance with a sibility requirement in a sibility req) 40 CFR Part 280, Subpart H Letter of Credit Surety Bond
HELTSVILLE MD 20705 FINANCIAL RESPONSIBILITY I have met the financial respons ☑ YES □ No	TY (if applicable - see instruction sheet) sibility requirements in accordance with a sibility requirement and a sibility requirements in accordance with a sibility requirement and a sibility requirement a sibility requirement a sibility requirement and a sibility requirement a sibility	Letter of Credit Surety Bond Other method allowed

VII. DESCRIPTION	OF UNDERGR	•	0.000	lete for each tank at th	\$2000000000000000000000000000000000000
Tank Identification Number	Tank No	Tank No027	Tank No445	Tank No. 445	Tank No. 447
Alt. Tank ID Number	Tank No	Tank No2	Tank No	Tank No	Tank No. 5
Status of Tank (Mark only one)		. 1			
Currently in Use	X	X			
Temporanly Out of Use					
Permanently Out of Use					
2. Date of Installation (mo/yr)	94	94	94	94	94
3. Total Capacity (gallons)	1,000	4,000	10,000	2,000	550
Material of Construction (mark all that apply)			1		
(mark all triat apply)	, , , , , , , ,				
Asphalt Coated or Bare Steel					
Cathodically Protected Steel					
Composite (Steel w/ Fiberglass)	X	X	X	X	X
Concrete				,	
Fiberglass Reinforced Plastic Polyethylene Tank Jacket	196			The Admin	
Unknown					
Other (specify)		L	 	L	
				· .	
Has tank been repaired?	Yes No_X_	Yes NoX_	Yes No_X_	Yes No_X	Yes No_X
***************************************			4	<u></u>	
Double-walled	X	X	X	Х	x
Excavation Liner					
Lined Interior	Х	x	X	X	x
	/				
Piping (material) (mark all that apply)					
(man an ana apply)			1.1		
Bare Steel					
Galvanized Steel					
Fiberglass Reinforced Plastic	X	X	X	Y	X
Copper					/
Flexible Plastic	\				
Unknown					
Other (specify)					
Sale (spesify)				()	- N
Cathodically Protected		1			
Double-walled	X	X	X	X	X
Secondary Containment					
¥				1	

Tank Identification Number	Tank No	Tank No 027	Tank No <u>445</u>	Tank No 445	Tank No 447
Alt. Tank ID Number	Tank No	Tank No	Tank No	Tank No	Tank No
6. Piping (Type) (mark all that apply)				· ·	
Pressure Gravity Feed Suction: no valve at tank (Safe Suction)	X	X	X	X	X
Suction: valve at tank (U.S. Suction)					
Has piping been repaired?	Yes No_X	Yes No_X	Yes No_X	YesNoX_	Yes No_X
7. Substance Currently					,
or Last Stored					
Gasoline	· · · · · · · · · · · · · · · · · · ·	X	x	<u> </u>	
Diesel	X			X	
Gasohol					
Kerosene			The state of the s	Part Carlotter to the control of the	X
Heating Oil				in contract the grant	
Used Oil					
Hazardous Substance					
CERCLA name and/or CAS#					
Other, please specify					
					A
Mixture of Substances					
Please specify	,				3
P. Clasing of Tanta			\		
8. Closing of Tank					
Estimated date last used (mo/day/yr)					
Date tank closed					
(mo/day/yr)				\	
Tank was removed from ground	Yes No	Yes No	Yes No	Yes No	Yes No
Tank filled with inert material	Yes No	Yes No	Yes No	Yes No	Yes No
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
List material used				-	
Change in service to non- regulated substance	Yes No	Yes No	Yes No	Yes No	Yes No
9. Site Assessment Completed?	Yes No	Yes No	Yes No	Yes No	Yes No

	200001=	4	
Facility ID Number	6009815	Page 5	of 5

VII. DESCRIPTION	OF UNDERGR	OUND STORAG	SE TANKS (comp	lete for each tank at th	is facility)
Tank Identification Number	Tank No. 027	Tank No027	Tank No. 445	Tank No. 445	Tank No
Alt. Tank ID Number	Tank No	Tank No	Tank No	Tank No	Tank No
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging					
Tank tightness testing					
Inventory controls					
Automatic tank gauging	X	X	X	Х	X
Vapor monitoring					
Groundwater monitoring		XXX	X	X X	X X
Interstitial monitoring double- walled tank/piping	X X	X X	XX	X X	
Statistical Inventory Reconciliation (SIR)					
Automatic line leak detection	X	X	X	X	X
/ Line tightness testing	X	Х	X	X	X
Other method allowed (specify)					
11. Spill and Overfill Protection					
Overfill device installed	X	X	x	X	X
Spill catch basin	Х	х	X	X	X
		37	v	v	v
12. Stage I Vapor Recovery	Yes_X_ No	Yes_X_No	Yes_X_No	Yes_X No	Yes_X_ No
13. Stage II Vapor Recovery	Yes_X_No	Yes_X_No	Yes_X No	Yes_X No	Yes_X_ No
VIII. CERTIFICATION OF	COMPLIANCE (con	nplete for all new and	upgraded tanks at this	s location)	
		NSTALLER CERTI	FICATION		
I certify that the undergrour				acility is in complian	nce with all
applicable regulations.	in amade ayalel(11	nstantu, upgradeu,	or repaired at tills i	aomity is in compilar	ioo wiiii ali
Installer:				······································	
Print Name		1	Signature		
MDIC-		<u> </u>	- <u>/ri</u>		
State ID Numb	er	Date	Compan	y ,	

Return completed form to:	State Use Only
Maryland Department of the Environment	Facility ID Number 9292
Oil Control Program 2500 Broening Highway	4-M5815
Baltimore MD 21224	AR ID Number 6 CO "LS. [3
*****	2-18-45
	Date Entered into Computer 2-18 45
TYPE OF NOTIFICATION: (check one)	Data Clerk's Initiats
□ New Facility 🛎 Amended □ Closure	Owner Contacted to Clarify Response
Number of tanks at facility Number of continuation sheets attached	Comments
I. OWNERSHIP INFORMATION:	
Agricultural Research Service RARC	Owner ID 6009815 ()5/6/3
Owner Name: Agricultural Research Service BARC	TYPE OF OWNED: (check one)
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 2	<u>21</u>
Mailing Address	Government Commercial
(if different from above):	X Federal Corporation
Beltsville MD 20705	State Company Local Partnership
City State Zip Code	Pathership Individual
Prince Georges	
County:	Non-Commercial
, 301', 504-6005	Residential
Phone Number:	Agricultural Non-Profit Agency
Contact Person: Christian Obineme	— Non-Front Agency
II. LOCATION OF TANK(S)	
Facility Name or	1 V 5 V V 5
Company Site Identifier Beltsville Agricultural Re	
as applicable 10300 Baltimore Ave., Building (1 1 000 22 1998 11
Street Address:	The state of the s
Mailing Address (if different from above):	CONTROL PROGRA
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number (301) 504-6005	
Christian Obinoma	
Facility OperatorMDE 231 (rev. 12/96)	

•	Facility ID Nu	mber_ 6009815 Page 2 of 5
III. TYPE OF FACILITY: (check o	ne)	
X Federal Non-Military	Gas Station	Private Home
	Petroleum Distributor	,
Federal Military		Apt. / Condo
Educational	Trucking / Transport	Farm / Nursery
Fire/Rescue/Ambulance	Industrial	Marina
Public Service	Contractor	Store
Utilities	Airline	Office
Railroad	Auto Dealership	Other
. CONTACT PERSON IN CH	ARGE OF TANKS	
Christian Obineme		Area Energy Job Title: Conservation Specialis
ame:		Job Title: Conservation Specialize
ARS, 10300 Balt. Ave., B	31dg. 003, Rm. 221	301 504-6005
ddress: Beltsville MD 20705		Phone Number: _(301 504-6005
/ FINANCIAL RESPONSIBILI	ITV (if applicable and instruction ab	
	ITY (if applicable - see instruction sh sibility requirements in accordance w	
I have met the financial respons		
I have met the financial respons ☑ YES □ No		
I have met the financial respons ☑ YES □ No Commercial Insurance		
I have met the financial respons ☑ YES □ No		
I have met the financial respons ☑ YES □ No Commercial Insurance	sibility requirements in accordance w	ith 40 CFR Part 280, Subpart H Letter of Credit
I have met the financial respons ☑ YES □ No Commercial Insurance Policy #	<u>X</u> Self Insurance Insurance Pool	ith 40 CFR Part 280, Subpart H Letter of Credit Surety Bond
I have met the financial respons ☐ YES ☐ No ☐ Commercial Insurance Policy #	X Self Insurance Insurance Pool Risk Retention Group	Letter of Credit Surety Bond Other method allowed
I have met the financial respons ☑ YES □ No Commercial Insurance Policy # Insurer Agent/Broker	<u>X</u> Self Insurance Insurance Pool	ith 40 CFR Part 280, Subpart H Letter of Credit Surety Bond
I have met the financial respons YES No Commercial Insurance Policy # Insurer Agent/Broker	X Self Insurance Insurance Pool Risk Retention Group	Letter of Credit Surety Bond Other method allowed
I have met the financial respons ☐ YES ☐ No ☐ Commercial Insurance Policy # Insurer Agent/Broker	X Self Insurance Insurance Pool Risk Retention Group	Letter of Credit Surety Bond Other method allowed
I have met the financial respons ☐ YES ☐ No ☐ Commercial Insurance Policy # Insurer Agent/Broker Phone No Insurer CERTIFICATION (to be complicertify, under penalty of law, to the complicertify).	X Self Insurance Insurance Pool Risk Retention Group Guarantee pleted by owner or owner's representat I have personally examined, and ed documents, and that the information	Letter of Credit Letter of Credit Surety Bond Other method allowed (specify) am familiar with, the information ion provided is in compliance with
I have met the financial respons ☐ YES ☐ No ☐ Commercial Insurance Policy # Insurer Agent/Broker Phone No VI. CERTIFICATION (to be complicating to the complication of the complic	X Self Insurance Insurance Pool Risk Retention Group Guarantee pleted by owner or owner's representat I have personally examined, and ed documents, and that the informat accurate, and complete.	Letter of Credit Letter of Credit Surety Bond Other method allowed (specify) ttative) am familiar with, the information
I have met the financial respons ☐ YES ☐ No ☐ Commercial Insurance Policy # Insurer Agent/Broker Phone No I certify, under penalty of law, the submitted in this and all attached COMAR 26.10.03, and is true,	X Self Insurance Insurance Pool Risk Retention Group Guarantee pleted by owner or owner's representat I have personally examined, and ed documents, and that the informat accurate, and complete.	Letter of Credit Letter of Credit Surety Bond Other method allowed (specify) am familiar with, the information ion provided is in compliance with Area Energy
I have met the financial respons ☐ YES ☐ No ☐ Commercial Insurance Policy # Insurer Agent/Broker Phone No VI. CERTIFICATION (to be complication of law, the submitted in this and all attached	X Self Insurance Insurance Pool Risk Retention Group Guarantee pleted by owner or owner's representat I have personally examined, and ed documents, and that the informat accurate, and complete.	Letter of Credit Letter of Credit Surety Bond Other method allowed (specify) am familiar with, the information ion provided is in compliance with Area Energy

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No.	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No. 165	Tank No. 202	Tank No. 309	Tank No. 309	Tank No
Status of Tank (Mark only one)					
Currently in Use	X	Х	X	X	
Temporarily Out of Use					
Permanently Out of Use					
Date of Installation (mo/yr)	10/93	8/93 20,000	4/94 20,000	4/94 20,000	<u>'</u>
3. Total Capacity (gallons)	20,000	20,000	20,000	20,000	
Material of Construction (mark all that apply)			,	.	
(mark all that apply)					
Asphalt Coated or Bare Steel					
Cathodically Protected Steel					
Composite (Steel w/ Fiberglass)					
Concrete				, V 2, 2	
Fiberglass Reinforced Plastic	X	X	X	X	
Polyethylene Tank Jacket					
Unknown	[<u> </u>	<u> </u>	<u> </u>		L
Other (specify)					
Has tank been repaired?	Yes No_X	Yes No_X	Yes NoX	Yes No_X_	Yes No
Double-walled	Х	Х	X	Х	
Excavation Liner					
Lined Interior					
					· ·
5. Piping (material)	1				
(mark all that apply)					
				\ <u></u>	r
Bare Steel					
Galvanized Steel Fiberglass Reinforced Plastic				V	
Fibergiass Reinforced Plastic Copper					
Flexible Plastic					
Unknown					
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (specify)			· · · · · · · · · · · · · · · · · · ·		.
	ļ				
Cathodically Protected					
Double-walled	X	X	X	X	
Secondary Containment					
1	1	1	i	1	

VII. DESCRIPTION	VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No	Tank No		Tank No	
Alt. Tank ID Number	Tank No. 165	Tank No. 202	Tank No. 309	Tank No. 309	Tank No	
Piping (Type) (mark all that apply)						
Pressure Gravity Feed Suction: no valve at tank (Safe Suction)	X	X	X	X X		
Suction; valve at tank (U.S. Suction)						
Has piping been repaired?	Yes NoX_	YesNo_X	YesNo_X_	Yes No_X	Yes No	
7. Substance Currently or Last Stored	-					
Gasoline Diesel Gasohol Kerosene Heating Oil Used Oil Hazardous Substance CERCLA name and/or CAS #		X	X	X		
Mixture of Substances Please specify						
8. Closing of Tank Estimated date last used (mo/day/yr) Date tank closed (mo/day/yr) Tank was removed from ground Tank filled with inert material List material used Change in service to non-regulated substance	Yes No Yes No Yes No	Yes No Yes No	Yes No Yes No	Yes No Yes No Yes No	Yes No Yes No	
Site Assessment Completed?	Yes No_X	Yes NoX_	Yes NoX	Yes No_X	Yes No	

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)						
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No	
Alt. Tank ID Number	Tank No. 165	Tank No. 202	Tank No. 309	Tank No. 309	Tank No	
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	
Manual tank gauging						
Tank tightness testing						
Inventory controls						
Automatic tank gauging	X	X	X	X		
Vapor monitoring						
Groundwater monitoring						
Interstitial monitoring double- wailed tank/piping						
Statistical Inventory Reconciliation (SIR)						
Automatic line leak detection	Х	X	X	Х		
Line tightness testing						
Other method allowed (specify)						
11. Spill and Overfill Protection)		
Overfill device installed	X	X	X	X		
Spill catch basin	x	х	x	шх		
12. Stage I Vapor Recovery	Yes No_X	Yes NoX_	YesNoX_	Yes No_X	Yes No	
13. Stage II Vapor Recovery	Yes NoX_	YesNoX	Yes NoX	Yes No_X	Yes No	
VIII. CERTIFICATION OF COMPLIANCE (complete for all new and upgraded tanks at this location) INSTALLER CERTIFICATION I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.						
Installer: Print Name		· · · ·	Signature			
MDIC-	:		Toi	- Count		
State ID Number	er .	Date	Compan	y /		

Return completed form to:	State Use Only
Maryland Department of the Environment	Facility ID Number 030
Oil Control Program	
2500 Broening Highway Baltimore MD 21224	All ID Number <u>U.CASQUS</u>
	O 1571/4
****	Date Entered into Computer 3.15.11
TYPE OF NOTIFICATION: (check one)	Data Clerk's Initials YN
□ New Facility Amended □ Closure	Owner Contacted to Clarify Response
Number of tanks at facility Number of continuation sheets attached	Comments
>	
I. OWNERSHIP INFORMATION:	
Owner Name: Agricultural Research Service BARC	Owner ID 6009815 (7)(3)3
	TYPE OF OWNER: (check one)
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 22	<u>₹</u>
Mailing Address	Government Commercial
(if different from above):	– X Federal — Corporation
Beltsville MD 20705	State Company Partnership
City State Zip Code	Individual
Prince Georges	
County:	Non-Commercial
, 301, 504-6005	Residential
Phone Number:	X Agricultural
Cartar Farman, Christian Obineme	Non-Profit Agency
Contact Person: Christian Obineme	
II. LOCATION OF TANK(S)	
	DE GEDRA
Facility Name or Company Site Identifier Beltsville Agricultural Res	
as applicable	144 NEC 22 7//
Street Address: 10300 Baltimore Ave., Bldg.	003, Rm. 221
Street Address: 10300 Bartimore Ave., Brag.	OIL CONTROL
Mailing Address (if different from above):	OUL CONTROL PROGRAMM
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number (301) 504-6005	
Christian Ohineme	
Facility Operator. Christian Connelle	

		Facility ID 1	Number 6009	9815 Page 2 of 5
III.	TYPE OF FACILITY: (check or	ne)		
<u>x</u>	Federal Non-Military	Gas Station		Private Home
	Federal Military	Petroleum Distributor	<u> </u>	Apt. / Condo
	Educational	Trucking / Transport	·	Farm / Nursery
	Fire/Rescue/Ambulance	Industrial		Marina
	Public Service	Contractor	·	Store
	Utilities	Airline		Office
	Railroad	Auto Dealership		Other
	Namoad	Auto Dealership		Outer
V.	CONTACT PERSON IN CHA	ARGE OF TANKS		
	Christian Obineme		—	Area Energy Conservation Speciali
Vame			_ Job Title:	CONSCITUTION SPECIALL
	ARS, 10300 Balt. Ave., Bl	ldg. 003, Rm. 221		mbor /301 504-6005
\ddre	SS: Beltsville MD 20705		_ Phone Nu	mber: (30) 301 0003
	·			
Insu	☐ YES ☐ No Commercial Insurance icy # urer ent/Brcker	X Self Insurance Insurance Pool		Letter of Credit Surety Bond
		Risk Retention Group		Other method allowed
Pho	one No	Guarantee		(specify)
			_ i - 1	•
	I certify, under penalty of law, the		d am famili ation provid	ed is in compliance with Area Energy
VI. Name	I certify, under penalty of law, the submitted in this and all attached COMAR 26.10.03, and is true, a print/type): Christian Obineme	at I have personally examined, and documents, and that the informaticcurate, and complete.	d am familiation provid	ed is in compliance with

VII. DESCRIPTION	VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No	
Att. Tank ID Number	Tank No. 166	Tank No 166	Tank No. 301	Tank No. 301	Tank No	
Status of Tank (Mark only one)			· · · · · · · · · · · · · · · · · · ·			
Currently in Use	X	х	х	x	<u></u>	
Temporanly Out of Use						
Permanently Out of Use						
·		,				
2. Date of Installation (mo/yr)	7/94	7/94	5/96	5/96		
3. Total Capacity (gallons)	4,000	2,500	4,000	4,000		
4. Material of Construction				. *		
(mark all that apply)						
Asphalt Coated or Bare Steel						
Cathodically Protected Steel						
Composite (Steel w/ Fiberglass)	X	Х	X	X		
Concrete						
Fiberglass Reinforced Plastic						
Polyethylene Tank Jacket Unknown				<u> </u>	 	
Other (specify)	L			<u> </u>	 	
outer (eposity)						
Has tank been repaired?	Yes No_X	Yes NoX	YesNoX	Yes NoX	Yes No	
	`				~	
Double-walled	X	X	Х	x		
Excavation Liner						
Lined Interior	X	X	X	X		
	l: 		<u> </u>	<u> </u>		
5. Piping (material)				·		
(mark ail that apply)						
Bare Steel					-	
Galvanized Steel						
Fiberglass Reinforced Plastic	X	Х	X	X		
Copper						
Flexible Plastic						
Unknown						
Other (case)6A				, , , , , , , , , , , , , , , , , , ,		
Other (specify)						
Cathodically Protected	·	1		<u> </u>		
Double-walled			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	
Secondary Containment				X		

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No166	Tank No 166	Tank No301	Tank No301	Tank No
6. Piping (Type)					
(mark all that apply)		·			1
					<u>.</u>
Pressure	X	X	X	X	
Gravity Feed					
Suction: no valve at tank (Safe Suction)	X	x		X	
Suction: valve at tank					
(U.S. Suction)					
Has piping been repaired?	Yes No_X	Yes NoX_	Yes No_X	YesNo_X	Yes No
					· · · · · · · · · · · · · · · · · · ·
7. Substance Currently					,
or Last Stored					
Gasoline	X	· · · · · · · · · · · · · · · · · · ·	 		
Diesel		X	X	v	
Gasohol					
Kerosene					
Heating Oil					
Used Oil					
Hazardous Substance CERCLA name and/or CAS #				· · · · · · · · · · · · · · · · · · ·	
CERCLA Haille alknot CAS#					,
Other, please specify					
Mixture of Substances	1.0	<u> </u>			
Please specify					
	<u> </u>				
8. Closing of Tank					
Estimated date last used (mo/day/yr)				\	· · · · · · · · · · · · · · · · · · ·
Date tank closed					
(mo/day/yr)					
Tank was removed from ground	Yes No	Yes No	Yes No	Yes No	Yes No
Tank filled with inert material	Yes No	Yes No	YesNo	Yes No	Yes No
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100		
List material used					
Change in service to non- regulated substance	YesNo	YesNo	Yes No	Yes No	Yes No
10guillou dabouillou					
0.07-4	Yes_X No	Yes X No	Van X Na	Van XAI-	Von Ma
Site Assessment Completed?	1es_ 1 NO	res_A_No	Yes_X No	Yes_X-No	Yes No
			1 '	ŀ	

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)						
Tank Identification Number	Tank No	Tank No				
Alt. Tank ID Number	Tank No. 166	Tank No. 166	Tank No 301	Tank No. 301	Tank No	
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	
Manual tank gauging		***************************************				
Tank tightness testing						
Inventory controls						
Automatic tank gauging	X,	X	X	X		
Vapor monitoring						
Groundwater monitoring						
Interstitial monitoring double- walled tank/piping		X X		X X		
Statistical Inventory Reconciliation (SIR)						
Automatic line leak detection	X	X	X	X		
Line tightness testing	X	X	X	X		
Other method allowed (specify)					\\`\	
11. Spill and Overfill Protection		.7			1	
Overfill device installed	X	X	X	X		
Spill catch basin	X	X	X	X		
12. Stage I Vapor Recovery	Yes_X_ No	Yes_X_ No	Yes <u>X</u> No	YesXNo	Yes No	
13. Stage II Vapor Recovery	Yes_X_ No	Yes_X_ No	Yes X No	Yes_X_No	Yes No	
VIII. CERTIFICATION OF	COMPLIANCE (con	plete for all new and	upgraded tanks at this	location)		
	1	NSTALLER CERTI	FICATION			
I certify that the undergroun applicable regulations.	d storage system i	nstalled, upgraded,	or repaired at this f	acility is in complian	ce with all	
Installer:	,			<u> </u>		
Print Name	, A		Signature	0 +		
_MDIC		Doto	$-\frac{ \gamma }{2}$	- County	· .	
State ID Number	er	Date	Compan	y /		

Return completed form to:	State Use Only
Maryland Department of the Environment	Facility ID Number 9393
Oil Control Program	at the fire them a and dillion with
2500 Broening Highway Baltimore MD 21224	At ID Number V CO 1/8/15
Baitimore MD 2 1224	
*****	Date Entered Into Computer 2-18-95
TYPE OF NOTIFICATION: (check one)	The second with the second second second
TYPE OF NOTIFICATION. (Check one)	Data Clerk's Initials
□ New Facility Amended □ Closure	Owner Contacted to Clarify Response
24 Number of tanks at facility	Correspots
Number of continuation sheets attached	The second secon
I. OWNERSHIP INFORMATION:	Owner ID 6009815 7514214
Owner Name: Agricultural Research Service BARC	
	TYPE OF OWNER (check one)
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 2	21
Mailing Address	Government Commercial
(if different from above):	X Federal Corporation
Beltsville MD 20705	State Company
City State Zip Code	Local Partnership Individual
	(ridividual
Prince Georges	
County:	Non-Commercial
(301) 504-6005	Residential
Phone Number:	X Agricultural
Contact Roman: Christian Obineme	Non-Profit Agency
Contact Person: Christian Oblinene	
II. LOCATION OF TANK(S)	
II. LOCATION OF TANK(S)	
Facility Name or Beltsville Agricultural Re	TO E GET WE
Company Site Identifier	
as applicable	Ig. 003
Street Address: 10300 Baltimore Ave. Rm. 221 Bld	
Mailing Address (if different from above):	OIL CONTROL PROC
Mailing Address (if different from above):	
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number (301) 504-6005	
Christian Obinema	
Facility Operator:	

		Facility ID N	umber: 6009815 Page 2 of 5
111.	TYPE OF FACILITY: (check one	e)	
<u> </u>	Federal Non-Military	Gas Station	Private Home
	Federal Military	Petroleum Distributor	Apt. / Condo
	Educational _	Trucking / Transport	Farm / Nursery
	Fire/Rescue/Ambulance _	Industrial	Marina
	Public Service _	Contractor	Store
	Utilities _	Airline	Office
	Railroad _	Auto Dealership	Other
	3		

IV.	CONTACT PERSON IN CHAP	CE OF TANKS	
IV.		AGE OF TANKS	Area Energy Joh Title: Conservation Speciali
Name:	Christian Obineme		Job Title: Conservation Speciali
	ARS, 10300 Balt. Ave., Bld	la. 003. Rm. 221	201 504 5005
Addres	s: Beltsville MD 20705		Phone Number: (301 504-6005
	2020-02-03-03-03-03-03-03-03-03-03-03-03-03-03-		
V.	FINANCIAL RESPONSIBILIT I have met the financial responsib ☑ YES □ No		
			en e
	Commercial Insurance		
		X Self Insurance	Letter of Credit
Insu	rer	Insurance Pool	Surety Bond
Age	nt/Broker	Risk Retention Group	Other method allowed
Pho	ne No \	Guarantee	(specify)
VI.		t I have personally examined, and documents, and that the informa	d am familiar with, the information tion provided is in compliance with
			Area Energy
Name	(print/type): Christian Obineme	Title ()	orint/type): Conservation Specialis

Facility ID Number: 6009815 Page 3 of 5 DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility) Tank No.....\(\sigma\) Tank No... Tank No... 427 208 261 Tank No. Tank No. Tank No. X. 6/94 5/91 6/91 6000 2 2000 550 X X X X

VII.

Tank Identification Number

2. Date of Installation (mo/yr)

3. Total Capacity (gallons)

4. Material of Construction (mark all that apply)

> Asphalt Coated or Bare Steel **Cathodically Protected Steel**

Composite (Steel w/ Fiberglass)

Fiberglass Reinforced Plastic Polyethylene Tank Jacket

Has tank been repaired?

5. Piping (material) (mark all that apply) Concrete

Unknown Other (specify)

Double-walled **Excavation Liner** Lined Interior

Bare Steel Galvanized Steel

> Copper Flexible Plastic Unknown

> Other (specify)

Cathodically Protected Double-walled

Secondary Containment

Fiberglass Reinforced Plastic

Currently in Use

Temporarily Out of Use Permanently Out of Use

Alt. Tank ID Number

1. Status of Tank (Mark only one) Tank No....

Tank No.

085

5/91

1000

No_X

X

X

Tank No.

6/94

550

X

No_X

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No. 085	Tank No. 208	Tank No. 261	Tank No426	Tank No. 427
6. Piping (Type) (mark all that apply)					
Pressure Gravity Feed Suction: no valve at tank (Safe Suction)	X	X	X	X	x
Suction: valve at tank (U.S. Suction)					
Has piping been repaired?	Yes NoX	YesNoX_	YesNo_X	Yes No_X	Yes No_X
7. Substance Currently or Last Stored					
Gasoline Diesel					
Gasohol Kerosene Heating Oil	X			X	
Used Oil					
Hazardous Substance CERCLA name and/or CAS #					
Other, please specify Mixture of Substances	<u> </u>				1
Please specify					ī
Closing of Tank Estimated date last used (mo/day/yr)					
Date tank closed (mo/day/yr)					
Tank was removed from ground	Yes No	Yes No	Yes No	Yes No	Yes No
Tank filled with inert material List material used	Yes No	Yes No	Yes No	Yes No	Yes No
Change in service to non- regulated substance	Yes_X No	Yes <u>X</u> No	Yes_X_No	Yes_x_ No	YesX_ No
9. Site Assessment Completed?	Yes No	Yes No	Yes No	Yes No	Yes No

Facility ID Number: 6009815 Page 5 of 5

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No 085	Tank No208	Tank No261	Tank No	Tank No. 427
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging		100 miles (100 miles (
Tank tightness testing					
Inventory controls					
Automatic tank gauging	X	X	X	X	X
Vapor monitoring					
Groundwater monitoring	X	X	X		
Interstitial monitoring double- walled tank/piping		X	X	х	
Statistical Inventory Reconciliation (SIR)					
Automatic line leak detection	Х	X	X	X	X
Line tightness testing					
Other method allowed (specify)					
11. Spill and Overfill Protection					
Overfill device installed	X	X	X	X	X
Spill catch basin	X	Х	х	Х	X
12. Stage I Vapor Recovery	Yes No_X	Yes No_X_	Yes No_X	Yes NoX_	Yes No_X_
13. Stage II Vapor Recovery	Yes No_X	Yes No_X_	Yss No_X	Yes NoX	Yes No_X
VIII. CERTIFICATION OF COMPLIANCE (complete for all new and upgraded tanks at this location) INSTALLER CERTIFICATION I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.					
Installer: Print Name			Signature		
_MDIC-	,		Deven	tast	
State ID Number	er	Date	Compan	у	-

Return completed form to: Maryland Department of the Environment Oil Control Program	Facility ID Number 22 92
2500 Broening Highway Baltimore MD 21224	AR ID Number 6-00 9807
***********	Date Entered into Computer 2-15-17
TYPE OF NOTIFICATION: (check one)	Data Clerk's Incials CV
`□ New Facility Amended □ Closure	Owner Contacted to Clarify Response
Number of tanks at facility Number of continuation sheets attached	Comments
I. OWNERSHIP INFORMATION:	Owner ID 6009815 (562)
Owner Name: Agricultural Research Service BARC	
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 2	
Mailing Address (if different from above):	<u>Commercial</u> Corporation
Beltsville MD 20705	State Company Local Partnership
City State Zip Code Prince Georges	Individual
County:	Non-Commercial
(301) 504-6005	Residential
Phone Number:	Agricultural Non-Profit Agency
Contact Person: Christian Obineme	
II. LOCATION OF TANK(S)	
Facility Name or Company Site Identifier Beltsville Agricultural Reas applicable	esearch Center
Street Address: 10300 Baltimore Ave. Bldg. 003, I	
Mailing Address (if different from above):	OIL CONTROL PRUGI
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number (301) 504-6005	
Facility Operator: Christian Obineme MDE 231 (rev. 12/96)	

TYPE OF FACILITY: (check one) X Federal Non-Military		Facility ID 1	Number 6009815 Page 2 of 5
Federal Military Petroleum Distributor Apt. / Condo Educational Trucking / Transport Farm / Nursery Fire/Rescue/Ambulance Industrial Marina Public Service Contractor Store Utilities Airline Office Railroad Auto Dealership Other CONTACT PERSON IN CHARGE OF TANKS Christian Obineme Job Title: ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Address: BETSVITTE PD 20705 FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet) I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H YES No Commercial insurance Policy # X Self Insurance Letter of Credit Insurer Insurance Pool Agent/Broker Risk Retention Group Other method allow Guarantee (specify) VI. CERTIFICATION (to be completed by owner or owner's representative) I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26, 10.03, and is true, accurate, and complete. Area Energy Area Energy Aprea Energy	III. TYPE OF FACILITY: (check one)	
Federal Military Petroleum Distributor Apt. / Condo Educational Trucking / Transport Farm / Nursery Fire/Rescue/Ambulance Industrial Marina Public Service Contractor Store Utilities Airline Office Railroad Auto Dealership Other Contract Person In Charge OF TANKS Area Energy Conservation Spectors ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: 301 504-600 ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: 302 504-600 ARS YES No ARS No CERPART Seponsibility requirements in accordance with 40 CFR Part 280, Subpart H YES No Commercial Insurance Policy # X Self Insurance Insurance Pool Surety Bond Agent/Broker No Guarantee (specify) Agent/Broker Other method allow Guarantee (specify) CERTIFICATION (to be completed by owner or owner's representative) I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26. 10.03, and is true, accurate, and complete. Area Energy Area Energy	v		
Educational Trucking / Transport Farm / Nursery Fire/Rescue/Ambulance Industrial Marina Public Service Contractor Store Utilities Airline Office Railroad Auto Dealership Other Contract PERSON IN CHARGE OF TANKS Iame: Christian Obineme Job Title: Conservation Special Speci			
Fire/Rescue/Ambulance		of the state of th	
Public Service Contractor Store Utilities Airline Office Railroad Auto Dealership Other Other Other Area Energy Area Energy Job Title: Conservation Spectation			
## Commercial Insurance Commercial Insurance Commercial Insura	1.0		
CONTACT PERSON IN CHARGE OF TANKS Area Energy Job Title: Conservation Special	Public Service		
CONTACT PERSON IN CHARGE OF TANKS Area Energy Conservation Special	Utilities	Airline	Office
ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6009 Phone Number: (302) 504-6009 Phone Number: (303) 504-6009 Phone Number: (304) 504-6009 Phone Number: (305) 504-6009 Phone Number: (306) 504-6009 Phone Number: (307) 504-6009 Phone Number: (308) 504-6009 Phone Numb	Railroad _	Auto Dealership	Other
ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6009 Phone Number: (302) 504-6009 Phone Number: (303) 504-6009 Phone Number: (304) 504-6009 Phone Number: (305) 504-6009 Phone Number: (306) 504-6009 Phone Number: (307) 504-6009 Phone Number: (308) 504-6009 Phone Numb			
ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301) 504-6009 Phone Number: (302) 504-6009 Phone Number: (303) 504-6009 Phone Number: (304) 504-6009 Phone Number: (305) 504-6009 Phone Number: (306) 504-6009 Phone Number: (307) 504-6009 Phone Number: (308) 504-6009 Phone Numb			
ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Beltsville MD 20705 Phone Number: (301 504-600) FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet) I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H YES			
ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Beltsville MD 20705 Phone Number: (301 504-600) Phone Numb	V. CONTACT PERSON IN CHAF	RGE OF TANKS	
ARS, 10300 Balt. Ave., Bldg. 003, Rm. 221 Phone Number: (301 504-600) Ph	Christian Ohineme		Area Energy Conservation Special
Phone Number: (30) 307 000. FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet) I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H YES	ame:		_ Job little: Golden vacion Special
## Phone Number: (30) 507 605. Phone Number: (30) 507 605. P	ARS, 10300 Balt. Ave., Bld	g. 003, Rm. 221	301 504-6005
FINANCIAL RESPONSIBILITY (if applicable - see instruction sheet) I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H YES	ddroee		Phone Number: (301) 304-0003
I have met the financial responsibility requirements in accordance with 40 CFR Part 280, Subpart H ☐ YES ☐ No Commercial Insurance Policy #			
Commercial Insurance Policy # X Self Insurance Letter of Credit Insurer Insurance Pool Surety Bond Agent/Broker Phone No Guarantee Other method allow Guarantee (specify) /I. CERTIFICATION (to be completed by owner or owner's representative) I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete. Area Energy	N. 18	ility requirements in accordance	with 40 CFR Part 200, Subpart H
Policy # X Self Insurance Letter of Credit Insurance Pool Surety Bond Other method allow Phone No Guarantee (specify) (specify)	M YES LI NO		
Policy # X Self Insurance Letter of Credit Insurer Insurance Pool Surety Bond Other method allow Phone No Guarantee (specify) (specify)			
Insurer	Commercial Insurance		
Insurer	Policy #	X Self Insurance	Letter of Credit
Agent/Broker	Insurer		
Phone No	Agent/Broker		•
/I. CERTIFICATION (to be completed by owner or owner's representative) I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete. Area Energy		•	
I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete. Area Energy	-	Guarantee	(specify)
I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete. Area Energy			
I certify, under penalty of law, that I have personally examined, and am familiar with, the information submitted in this and all attached documents, and that the information provided is in compliance with COMAR 26.10.03, and is true, accurate, and complete. Area Energy			
	VI. CERTIFICATION (to be comple I certify, under penalty of law, that submitted in this and all attached	ted by owner or owner's represed I have personally examined, and documents, and that the information	d am familiar ation provided
Name (print/type): Christian Obineme Title (print/type): Conservation Speci			
1/2/2	Name (print/type): Christian Obineme	Title	print(type): Conservation Special
) ¬	I = I
Signature:Date Signed: fr/ru	Signature: (In KANT)	mu .	Date Signed: MWS

		OUND STORA			
ank identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No. 431	Tank No445	Tank NoNAL	Tank NoNAL	Tank No
1. Status of Tank (Mark only one)		· · · · · · · · · · · · · · · · · · ·			* , -
Currently in Use	X	X	X	X	
Temporarily Out of Use Permanently Out of Use					
ramalelly out of ose		<u> </u>			
2. Date of Installation (mo/yr)	4/92	6/94	8/91	8/91	·
3. Total Capacity (galions)	1,000	4,000	20,000	1,000	
4. Material of Construction			,		
(mark all that apply)					
		e.			
Asphalt Coated or Bare Steel					
Cathodically Protected Steel					
Composite (Steel w/ Fiberglass)	X	X		X	
Concrete					
Fiberglass Reinforced Plastic			X		
Polyethylene Tank Jacket					
Unknown	السساا	-L	السكسيار	للبنا	
Other (specify)					
Has tank been repaired?	Yes No	Yes No	V N-	Yes No.	Yes No
rias with scar repaired:			Yes No	Yes No	Yes No
Double-v/alled	X	Χ.	X	X	\ <u></u>
Excavation Liner					
Lined Interior	X	X	X	Х	.
	· · · · · · · · · · · · · · · · · · ·				
5. Piping (material)					
(mark all that apply)					11.
Bare Steel			[
Galvanized Steel					
Fiberglass Reinforced Plastic	X	X	X	Х	
Copper					
Flexible Plastic					
Unknown				,	
\(\frac{1}{2}\)					
Other (specify)			<u> </u>		.
Cathodically Protected					
Double-walled	X	x	X	X	
Secondary Containment		i			
			1	'	,

VII. DESCRIPTION	VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)				
Tank Identification Number	Tank No	Tarak No		Tank No	Tank No
Alt. Tank ID Number	Tank No. 431	Tank No. 445	Tank NoNAL	Tank NoNAL	Tank No
6. Piping (Type)					
(mark all that apply)					
_					
Pressure	X	X	X	. Х.	
Gravity Feed Suction: no valve at tank					
(Safe Suction)	X	x	X	<u> </u>	
Suction: valve at tank (U.S. Suction)					
Has piping been repaired?	Yes No	Yes No	Yes No	Yes No	Yes No
7. Substance Currently or Last Stored				1	
or Last Stored					
Gasoline					
Diesel					
Gasonol					
Kerosene				V	
Heating Oil	X	. X	X	X	
Used Oil					
Hazardous Substance					
CERCLA name and/or CAS#					
OLIVOLA IMARIA GIAGO					
Other, please specify					
Mixture of Substances	···				
Please specify			i.		
			·		
8. Closing of Tank				1.	
Estimated date last used (mo/day/yr)					
Date tank closed					
(mo/day/yr)					
Tank was removed from ground	Yes No	Yes No	Yes No	Yes No	Yes No
Tank filled with inert material	Yes No	Yes No	Yes No	Yes No	Yes No
List material used			<u> </u>		-
Change in service to non-					
regulated substance	Yes No	Yes No	Yes No	Yes No	Yes No
					
9. Site Assessment Completed?	Yes_X_No	Yes_X_No	Yes_X No	YesX_ No	Yes No
		·		, , ,	

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Ait. Tank ID Number	Tank No. 431	Tank No. 445	Tank No <u>NAL</u>	Tank No <u>NAL</u>	Tank No
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging		120/140			
Tank tightness testing					
Inventory controls					
Automatic tank gauging	X	X	X	X	
Vapor monitoring					
Groundwater monitoring		X			
Interstitial monitoring double- walled tank/piping	X	Х	X		
Statistical Inventory Reconciliation (SIR)					
Automatic line leak detection	X	X	X	X	
Line tightness testing					
Other method allowed (specify)					
11. Spill and Overfill Protection					
Overfill device installed	X	X	X	X	
Spill catch basin	X	X	X	X	
12. Stage I Vapor Recovery	Yes No_X	Yes NoX	Yes No_X	Yes No_X_	Yes No
13. Stage II Vapor Recovery	YesNo_X	YesNo_X	Yes NoX	Yes No X	Yes No
VIII. CERTIFICATION OF COMPLIANCE (complete for all new and upgraded tanks at this location)					
INSTALLER CERTIFICATION					
I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all					
applicable regulations.			and the second	1	
installer:Print Name			Signature	~ ~.	
			Oignataro		
MDIC- State ID Number	er	Date	Compan	y	

Return completed form to:	State Use Only
Maryland Department of the Environment	Facility ID Number 0292
Oil Control Program	The state of the s
2500 Broening Highway	All ID Number 6-559815
Baltimore MD 21224	THE RESERVE THE PROPERTY OF THE PARTY OF THE
*****	Date Entered into Computer Q-15 44
	Case Entered into Computer CAL NO 1.1
TYPE OF NOTIFICATION: (check one)	Data Clork's frenals LN
□ New Facility Amended □ Closure	Owner Contacted to Clarify Response
24 Number of tanks at facility	Contracts The Contract of the
Number of continuation sheets attached	Comments
OWALED CLUB INCODE A TICAL	
I. OWNERSHIP INFORMATION:	Owner ID 6009815 0 14
Owner Name: Agricultural Research Service BARC	
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 22	TYPE OF OWNER: (check one)
Oli Oct / Addi Oso.	Government Commercial
Mailing Address	
(if different from above):	- X Federal Corporation
Beltsville MD 20705	State Company Local Partnership
City State Zip Code	Individual
Prince Georges	
County:	Non-Commercial
, 301, 504-6005	. Residential
Phone Number:	X Agricultural
Contact Porcen: Christian Obineme	Non-Profit Agency
Contact Person: Critistian Oblitate	
II. LOCATION OF TANK(S)	
Facility Name or Separate Site Identifier Beltsville Agricultural Research	
Company Site Identifier	11111
as applicable	Rm. 221 DEC 22 1998
Street Address: 10300 Baltimore Ave. Bldg. 003,	Rm. 221
Mailing Address (if different from above):	UIL CONTROL PROGRE
	The state of the s
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number (301) 504-6005	
Christian Chinema	
Facility Operator: Christian Oblitation	

		Facility ID Nun	nber: 6009815 Page 2 of 5
III.	TYPE OF FACILITY: (check one)	
<u>x</u>	Federal Non-Military	Gas Station	Private Home
	Federal Military	Petroleum Distributor	Apt. / Condo
	Educational	Trucking / Transport	Farm / Nursery
٠, -	Fire/Rescue/Ambulance	Industrial	Marina
<u> </u>	Public Service _	Contractor	Store
	Utilities	Airline	Office
	Railroad	Auto Dealership	Other
		n with the first of the second	
īV.	CONTACT PERSON IN CHAR	RGE OF TANKS	
IV.	Christian Obineme	CE OF TANKS	Area Energy Joh Title. Conservation Specialis
Name:	CHIEFTAN ODINGIA		Job Title: Conservation Specialis
	ARS, 10300 Balt. Ave., Bld	g. 003, Rm. 221	Phono Number /301 504-6005
Addres	Beltsville MD 20705		Phone Number: (30) 504-6005
,	I have met the financial responsib	ility requirements in accordance wi	th 40 CFR Part 280, Subpart H
	Commercial Insurance		
——	,,		
	i -	X Self Insurance	Letter of Credit
	rer	Insurance Pool	Surety Bond
. •	nt/Broker	Risk Retention Group	Other method allowed
Pho	ne No.	Guarantee	(specify)
VI.	I certify, under penalty of law, that	ted by owner or owner's represent I have personally examined, and documents, and that the information curate, and complete.	am familiar with, the information
-	· · · · · · · · · · · · · · · · · · ·		ALEG CHELLY
Name	(print/type): Christian Obineme	Title (or	
Name	(print/type): Christian Obineme	Title (pr	
Name	(print/type): Christian Obineme	Title (pr	int/type): Conservation Specialis
Name Signat	all-f-della	Title (pr	

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No (2)	Tank No	Tank No. 214	Tank No	Tank No
Alt. Tank ID Number	Tank No. 303	Tank No. 236	Tank No. 208	Tank No	Tank No
Status of Tank (Mark only one)	X1.2				
Currently in Use	X	X	X		
Temporarily Out of Use	·				
Permanently Out of Use			`L	L	L
					
Date of Installation (mo/yr)	3/95	5/91	6/94	<u>-</u>	
3. Total Capacity (gallons)	3,000	550	550	,	<u> </u>
4. Material of Construction					ŀ
(mark all that apply)					
Asphalt Coated or Bare Steel				,	l
Cathodically Protected Steel					<u> </u>
Composite (Steel w/ Fiberglass)	X	TXV /	Х	1 1	
Concrete					
Fiberglass Reinforced Plastic					
Polyethylene Tank Jacket		1/9			
Unknown					
Other (specify)		<u></u>			
		YesNo_X	ν ν		
Has tank been repaired?	Yes No_X	YesNo_X	Yes NoX	Yes No	Yes No
	·	<u> </u>			
Double-walled	X	X	X		
Excavation Liner					
Lined Interior	<u>X</u>	X	X	L	
· · · · · · · · · · · · · · · · · · ·					-
5. Piping (material)		151			
(mark all that apply)		18			
Para Stool					1
Bare Steel Galvanized Steel					
Fiberglass Reinforced Plastic	X	X	X		
Copper					
Flexible Plastic					
Unknown					
	————————————————————————————————————				
Other (specify)			<u> </u>		· [
	·				
Cathodically Protected					1
Double-walled	X	X	X	. 1	
Secondary Containment			2		T.
		1.		1	

Facility ID Number:

Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No. 303	Tank No. 23/6	Tank No. 208	Tank No	Tank No
6. Piping (Type)					
(mark all that apply)					
•					2 2
Pressure	Х	X	<u> </u>		
Gravity Feed					
Suction: no valve at tank (Safe Suction)	X	X	X		
Suction: valve at tank					
(U.S. Suction)					
Has piping been repaired?	YesNo_X	Yes No X	Yes NoX	Yes No	Yes No
7. Substance Currently		· V			
or Last Stored		·			
		N			
Gasoline					
Diesel			'		
Gasohol					
Kerosene					
Heating Oil	X	(x_0)	X		
Used Oil					
			·		
Hazardous Substance		4			
CERCLA name and/or CAS#		1 1 2			
Other, please specify		1. 1 4)			
Outer, please specify			·		
Mixture of Substances					-
Please specify		- - - - 	l ————		
			., :		İ
8. Closing of Tank		1 3			
	:	100			ŀ
Estimated date last used (mo/day/yr)				l — <i>, , , , , , , , , , , , , , , , , , </i>	
Date tank closed	,				1:
(mo/day/yr)					
Tank was removed from ground	Yes No	Yes No	YesNo	Yes No	YesNo
Tank filled with inert material	YesNo	Yes No	Yes No	Yes No	YesNo
	1651	1.54	1.55	1.00	100
List material used			· · · · · · · · · · · · · · · · · · ·		
Change in service to non-	Van Na	Vac Na	Van Na	Voc. No.	Vas. Na
regulated substance	Yes No	Yes No	Yes No	Yes No	Yes No
9. Site Assessment Completed?	Yes_x_No	Yes X No	Yes_X No	Yes No	Yes No

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)					
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No303	Tank No 236	Tank No 208	Tank No	Tank No
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging	PATRICIA STATE				
Tank tightness testing					
inventory controls					
Automatic tank gauging	X	X	X		
Vapor monitoring					
Groundwater monitoring		X S			
Interstitial monitoring double- walled tank/piping					
Statistical Inventory Reconciliation (SIR)					
Automatic line leak detection	X	X	Х		
Line tightness testing	SECTION				
Other method allowed					
(specify)	7				
11. Spill and Overfill Protection					
Overfill device installed	X	X	X		
Spill catch basin	X	X	X		
12. Stage I Vapor Recovery	Yes NoX_	Yes No X	Yes NoX	Yes No	YesNo
13. Stage II Vapor Recovery	YesNoX	YesNo_X	Yes No_X	YesNo	Yes No
VIII. CERTIFICATION OF COMPLIANCE (complete for all new and upgraded tanks at this location)					
INSTALLER CERTIFICATION					
I certify that the underground storage system installed, upgraded, or repaired at this facility is in compliance with all applicable regulations.					
Installer:			Signatura		
Print Name			Signature	-	
_MDIC- State ID Number	er	Date	Compan	y .	

Return completed form to:	State Use Only
Maryland Department of the Environment Oil Control Program	Facility ID Number
2500 Broening Highway Baltimore MD 21224	All ID Number USANSH
*****	Date Entered into Computer 3-10 11
TYPE OF NOTIFICATION: (check one)	Data Clerk's Initials W
□ New Facility Amended □ Closure	Owner Contacted to Clarify Response
Number of tanks at facility Number of continuation sheets attached	Comments
I. OWNERSHIP INFORMATION:	Owner ID 6009815 ()42 k
Owner Name: Agricultural Research Service BARC	
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 22	
Mailing Address (if different from above):	Government Commercial X Federal Corporation
Beltsville MD 20705	State Company Local Partnership
City State Zip Code	Individual
Prince Georges County:	 <u>Non-Commercial</u>
301, 504-6005	Residential
Phone Number:	X Agricultural
Contact Person: Christian Obineme	Non-Profit Agency
II. LOCATION OF TANK(S)	
Facility Name or Beltsville Agricultural Res	search Center DEC 22 1000
as applicable	OIL CONTROL PROGRAM
Street Address:	THOUL PROGRAMM
Mailing Address (if different from above):	
Beltsville MD 20705	Prince Georges
City State Zip Code	County
Phone Number (301) 504-6005	
Facility Operator: Christian Obineme MDE 231 (rev. 12/96)	

		Facility ID Num	ber: 6009815 Page 2 of 5
III.	TYPE OF FACILITY: (check on	e)	
<u>x</u>	Federal Non-Military	Gas Station	Private Home
	Federal Military	Petroleum Distributor	Apt. / Condo
	Educational	Trucking / Transport	Farm / Nursery
 .	Fire/Rescue/Ambulance	Industrial	Marina
	Public Service	Contractor	Store
	Utilities	Airline	Office
	Railroad	Auto Dealership	Other
	·		
, .			
	The state of the s		
41 //		DOE OF TANKS	·
IV.	CONTACT PERSON IN CHA	RGE OF TANKS	Area Energy
Name	Christian Obineme		Area Energy Job Title: Conservation Specialis
	ARS, 10300 Balt. Ave., Blo	da 003 Pm 221	
Addre			Phone Number: (301 504-6005
*	Bertaviiie (2070)		
V.	I have met the financial responsi	Y (if applicable - see instruction she bility requirements in accordance wit	
	⊠ YES □ No		
	Commercial Insurance	,	
Pol	licy #	X Self Insurance	Letter of Credit
Ins	urer	Insurance Pool	Surety Bond
Age	ent/Broker	Risk Retention Group	Other method allowed
Pho	one No.	Guarantee	
;	· · · · · · · · · · · · · · · · · · ·	Guarantee	(specify)
			e e e e
VI.	I certify, under penalty of law, that	eted by owner or owner's representant I have personally examined, and a documents, and that the informationscurate, and complete.	m familiar with, the information in provided is in compliance with
Name	e (print/type): Christian Obineme	Title (pri	Area Energy nt/type): Conservation Specialis
	11		
			1/2
Signa	ature: (h/h)		Date Signed: 12/23/98

i	-	*		
Facility ID Number:	,		Page	3. of 5

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)						
Tank Identification Number	Tank No. 27)	Tank No 946	Tank No. 20	Tank No. 12 1	Tank No	
Alt. Tank ID Number	Tank NoBux 470	Tank No Baby 186	Tank NoBIDE 215	Tank No. 844 405	Tank No	
Status of Tank (Mark only one)					·	
Currently in Use						
Temporarily Out of Use						
Permanently Out of Use	X	X				
					<u> </u>	
2. Date of Installation (mo/yr)	MNENOUN	UNKNOWN	unkapun	UNKNOWN		
3. Total Capacity (gallons)	2,000 gAl	550 GA	550gA	5000 gal		
4. Material of Construction				•		
(mark all that apply)						
Asphalt Coated or Bare Steel	 					
Cathodically Protected Steel					-	
Composite (Steel w/ Fiberglass)	X		X	V		
Concrete						
Fiberglass Reinforced Plastic		,				
Polyethylene Tank Jacket		X				
-Unknown	F					
Other (specify)					-	
Has tank been repaired?	Yes No	Yes No	Yes No	Yes No	Yes N	
Double-walled				7		
Excavation Liner						
Lined Interior						
5. Piping (material)						
(mark all that apply)		```				
Dave Charle						
Bare Steel Galvanized Steel						
Fiberglass Reinforced Plastic				X		
Copper	X	X	X			
Flexible Plastic				. (
Unknown						
Other (specify)		· · · · · · · · · · · · · · · · · · ·				
Cathodically Protected						
Double-walled Secondary Containment				 		
occordary contaminent	L		 -	 	ļ — ——	

Facility ID Number:	 Page 4	of 5

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)							
Tank Identification Number	Tank No	Tank No	Tank No	Tarik No	Tank No		
Alt. Tank ID Number	Tank No. 8/1X- 470	Tank No. BLDG-186	Tank No 215	Tank NoBLAL 405	Tank No		
6. Piping (Type) (mark all that apply)	,		,				
Pressure Gravity Feed							
Suction: no valve at tank (Safe Suction) Suction: valve at tank	X	X					
(U.S. Suction) Has piping been repaired?	Yes No	Yes No	Yes No	YesNo	Yes No		
					<u> </u>		
7. Substance Currently or Last Stored							
Gasoline Diesel							
Gasohol Kerosene Heating Oil		*	X				
Used Oil							
Hazardous Substance CERCLA name and/or CAS#							
Other, please specify							
Mixture of Substances Please specify					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
8. Closing of Tank							
Estimated date last used (mo/day/yr)	unknown	ankaun	NAKYOWN	UNENOUN			
Date tank closed (mo/day/yr)	7,13,98	7,15,98	7,15,98	7,21,98			
	Yes_X No	Yes No	Yes No	Yes_No	Yes No_		
Tank filled with inert material List material used	Yes No	Yes No	Yes No	Yes No	Yes No		
Change in service to non- regulated substance	Yes No	Yes No	Yes No	Yes No)	Yes No_		
). Site Assessment Completed?	Yes X No	Yes.X No	Yes No	Yes No	Yes No_		

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		-		
Facility ID N	umber		Page 5	of 5
		 	- 1 460 5	, O r 2 ,
1				

VII. DESCRIPTION	VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)							
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No			
Alt. Tank ID Number	Tank No. 470	Tank No. 186	Tànk No. 215	Tank No 405	Tank No			
10. Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPIN			
Manual tank gauging	X							
Tank tightness testing								
Inventory controls								
Automatic tank gauging								
Vapor monitoring								
Groundwater monitoring				لننا النبا				
Interstitial monitoring double- walled tank/piping								
Statistical Inventory Reconciliation (SIR)								
Automatic line leak detection								
Line tightness testing								
Other method allowed (specify)	·							
11. Spill and Overfill Protection								
Overfill device installed								
Spill catch basin		×	X	X				
12. Stage I Vapor Recovery	Yes No	Yes No	Yes No	Yes No	YesNo			
13. Stage II Vapor Recovery	Yes No	Yes No	YesNo	Yes No	Yes No			
VIII. CERTIFICATION OF COMPLIANCE (complete for all new and upgraded tanks at this location)								
INSTALLER CERTIFICATION								
I certify that the underground applicable regulations.	d storage system in	stalled, upgraded,	or repaired at this fa	cility is in compliand	e with all			
Installer:				,				
Print Name			Signature					
MDIC-		· ,	2 / / /		· · · · · · · · · · · · · · · · · · ·			
State ID Number	<u> </u>	Date	Company	1				

Return completed form to: Maryland Department of the Environment Oil Control Program 2500 Broening Highway Baltimore MD 21224 TYPE OF NOTIFICATION: (check one) □ New Facility 🛎 Amended □ Closure 24 Number of tanks at facility	State Use Only Facility ID Number 9292 Alt ID Number 6-009815 PG Date Entered into Computer 2-1841 Data Citerk's Initials KN Owner Contacted to Clarify Response Committee
I. OWNERSHIP INFORMATION:	Owner ID 6009815 (056.75)
Owner Name: Agricultural Research Service BARC Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 23	TYPE OF OWNER: (check one)
Mailing Address (if different from above): Beltsville MD 20705 City State Zip Code	X Federal Corporation State Company Local Partnership Individual
Prince Georges County: (301) 504-6005	Non-Commercial Residential
Phone Number: Contact Person: Christian Obineme	Agricultural Non-Profit Agency
Facility Name or Company Site Identifier as applicable Street Address: Mailing Address (if different from above):	search Center DEC 22 1998 CIL CONTROL PROGRAM
Beltsville MD 20705 City State Zip Code Phone Number (301) 504-6005 Facility Operator: Christian Obineme MDE 231 (rev. 12/96)	Prince Georges County

_X	YPE OF FACILITY: (check one ederal Non-Military — deral Military — ducational — re/Rescue/Ambulance — ublic Service — dilities — dilities	Gas Station Petroleum Distributor Trucking / Transport	Private Home Apt. / Condo
Fe Ed Fi Pu Ui	ederal Military fucational re/Rescue/Ambulance ublic Service	Petroleum Distributor	
F6 E0 F1 P1	ederal Military fucational re/Rescue/Ambulance ublic Service	Petroleum Distributor	
Ed Fil Pu Ui	Jucational re/Rescue/Ambulance ublic Service	A	
fi R: Ui	re/Rescue/Ambulance _ ublic Service _		Farm / Nursery
P: Ui	ıblic Service	Industrial	Marina
Ui	State of the state	Contractor	Store
R		Airline	Office
. ""	ailroad _	Auto Dealership	Other
* .			
	and the second s		
IV. C	ONTACT PERSON IN CHAR	RGE OF TANKS	7
Name:	Christian Obineme	J ₁	Area Energy Conservation Special
			7,
Addross:	ARS, 10300 Balt. Ave., Bld	g. 003, Rm. 221 	none Number: (301 504-6005
T	Beltsville MD 20705		
	ter in the second of the secon	ility requirements in accordance with	40 CFR Part 280, Subpart H
	YES □ No		
C(ommercial Insurance	· · · · · · · · · · · · · · · · · · ·	and the second s
•		· · · ·	
Policy #	·	X Self Insurance	Letter of Credit
insurer_		X Self Insurance Insurance Pool	Letter of Credit Surety Bond
,-			
insurer_ Agent/E		Insurance Pool	Surety Bond Other method allowed
insurer_ Agent/E	Broker	Insurance Pool Risk Retention Group	Surety Bond

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)						
Tank identification Number	Tank No. DA	Tank No. 20	Tank No	Tank No	Tank No	
Alt. Tank ID Number	Tank No Blabb 289	Tank NoBDG 209	Tank No. Bable 2005	Tank No	Tank No	
Status of Tank (Mark only one)						
Currently in Use						
Temporarily Out of Use						
Permanently Out of Use	<u> </u>					
2. Date of Installation (mo/yr)	UNENOUN	unenaun	UNEWWOW			
3. Total Capacity (gallons)	1,000 94	550 gal	1,000 cal			
Material of Construction (mark all that apply)						
Asphalt Coated or Bare Steel					· · · · · · · · · · · · · · · · · · ·	
Cathodically Protected Steel						
Composite (Steel w/ Fiberglass)		7				
Concrete						
Fiberglass Reinforced Plastic						
Polyethylene Tank Jacket						
Unknown		el .				
Other (specify)			· · · · · · · · · · · · · · · · · · ·			
Has tank been repaired?	Yes No_X	Yes NoX	Yes NoX	Yes No	YesNo	
\ Double-walled						
Excavation Liner						
Lined Interior	7					
5. Piping (material)			,		7	
(mark all that apply)						
Bare Steel						
Galvanized Steel						
Fiberglass Reinforced Plastic					<u> </u>	
Copper		X				
Flexible Plastic						
Unknown					ļ L	
Other (specify)						
Cathodically Protected						
Double-walled						
Secondary Containment						

acility ID Number:_	Page 4	of S

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			Facility ID Number	т:	Page 4 of 5
VII. DESCRIPTIO	N OF UNDERGR	ROUND STORAG	GE TANKS (comp	lete for each tank at th	nis facility)
Tank Identification Number	Tank No	Tank No	Tank No	Tank No.	Tank No
Alt. Tank ID Number	Tank No Bus 389	Tank No Rux 309	Tank NoRDy - 288	Tank No	Tank No
Piping (Type) (mark all that apply)				,	

Tank Identification systemes	1 tal # 140	Tark NO	THE INC.	rank No	Tank No
Alt. Tank ID Number	Tank NoBux 389	Tank No Rux 209	Tank NoR/14- 288	Tank No	Tank No
6. Piping (Type)					
(mark all that apply)	,			. (
(11211 211 277)		1	·		l ,
Pressure	l				
i .					<u> </u>
Gravity Feed					<u> </u>
Suction: no valve at tank (Safe Suction)	X		\times		
Suction: valve at tank		l			
(U.S. Suction)	 	[
'			12 2		
Has piping been repaired?	YesNo_X_	Yes NoX	YesNoX	YesNo	Yes No
			·		
7. Substance Currently					
or Last Stored			1 1 1		
	· 1				
Gasoline		 		·	
Diesel					
Gasohol					
Kerosene					
. Heating Oil					
Used Oil					
,				L	<u> </u>
Hazardous Substance					
CERCLA name and/or CAS #					<u> </u>
CERCEA Hairle allurol CAS #		•			,
Other please specify					
Other, please specify					
Mindred Contractor					
Mixture of Substances					
Please specify		, .			
		·	- :	· · · · · · · · · · · · · · · · · · ·	
8. Closing of Tank					
Estimated date last used	1	Hermann Ad	Linux Brown		
(mo/day/yr)	TNENOWN	MHENDUN,	UNKARWA		
Date tank closed	6 12 00	8, 11, 98	E 1000		
(mo/day/ут)	8,12,98	0,11,10	5,28,98		
Tank was removed from ground	Yes \ No	Yes No	Yes X No	Yes No	Yes No
	165	16325 110			140
Tank filled with inert material	Yes No	Yes No	Yes No	Yes No	Yes No
List material used					
Change in service to non- regulated substance	Yes No	Yes No	YesNo	Yes No	Yes No
regulated aduatance					140
		` \ \ \ . '			
9. Site Assessment Completed?	Yes_X No	Yes No	Yes_X No	Yes No	Yes No

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Facility ID Nu	mber:		 Page	5 :	of :
<u> </u>	·.	- 1	 		

VII. DESCRIPTION	OF UNDERGR	OUND STORAG	SE TANKS (compl	ete for each tank at th	is facility)
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No
Alt. Tank ID Number	Tank No Rox 289	Tank No BUY- 209	Tank No Buil 288	Tank No	Tank No
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
Manual tank gauging	X S	X			
Tank tightness testing					
Inventory controls					
Automatic tank gauging		September and Addition	TESTICAL PROPERTY OF THE PROPE		
Vapor monitoring					
Groundwater monitoring					
Interstitial monitoring double- walled tank/piping					
Statistical Inventory Reconciliation (SIR)					
Automatic line leak detection					
Line tightness testing			15 Test		
Other method allowed (specify)					
11. Spill and Overfill Protection					
Overfill device installed					
Spill catch basin					
112. Stage I Vapor Recovery	Yes No	Yes No	Yes No	\Yes No	Yes No
13. Stage II Vapor Recovery	Yes No	Yes No	Yes No	Yes No	YesNo
VIII. CERTIFICATION OF	COMPLIANCE (com	plete for all new and	upgraded tanks at this	location)	
		NSTALLER CERTI	FICATION	•	
I certify that the undergroun applicable regulations.	d storage system ir	nstalled, upgraded,	or repaired at this fa	acility is in complian	ce with all
Installer: JAMES	DATES	 ;	- Came	- Jati	
Print Name			Signature		
	<u>325</u>	9/14/9	~	ETROW OF	MD.
State ID Number	er , .	Date	Company		

Return completed form to:	State Use Only
Maryland Department of the Environment	Facility ID Number 9393
Oil Control Program	Const W
2500 Broening Highway Baltimore MD 21224	
******	Date Entered into Computer 2-15-99
TYPE OF NOTIFICATION: (check one)	Data Clerk's Initiats W
□ New Facility Mamended □ Closure	Owner Contacted to Clarify Response
Number of tanks at facility Number of continuation sheets attached	Comments
	The second of the second secon
I. OWNERSHIP INFORMATION:	Owner ID 6009815
Owner Name: Agricultural Research Service BARC	_
Street Address: 10300 Balt. Ave., Bldg. 003, Rm. 22	
Mailing Address (if different from above):	Government Commercial — X Federal — Corporation
Beltsville MD 20705	State Company _ Local Partnership
City State Zip Code	Individual
Prince Georges	
County:	Non-Commercial
(301) 504-6005	Residential
Phone Number:	X Agricultural Non-Profit Agency
Contact Person: Christian Obineme	_
II. LOCATION OF TANK(S)	ID F
Facility Name or Beltsville Agricultural Res	search Center
Company Site Identifier Delisville Agricultural Res	1 1 1 1
	JULI DEC 2 2 1998
Street Address:	OIL CONTROL PROGRAM
Mailing Address (if different from above):	UL PROGRAE
Beltsville MD 20705	Prince Georges
City State Zip Code	County
	County
Phone Number (301) 504-6005	County
Phone Number (301) 504-6005 Facility Operator: Christian Obineme	County

	Facility ID Null	nber: 6009815	Page 2 of 5
TYPE OF FACILITY: (check one)			
Federal Non-Military	_ Gas Station	Priva	ite Home
Federal Military	Petroleum Distributor		/ Condo
Educational	_ Trucking / Transport	•	n / Nursery
Fire/Rescue/Ambulance	_ Industrial	Mari	
Public Service	_ Contractor	Store	
Utilities	_ Airline	Offic	
Railroad	_ Auto Dealership	Othe	
		ouic	, <u> </u>
CONTACT PERSON IN CHARG	SE OF TANKS		
Christian Obineme			Energy
ame:		Job Title: Conse	ervation Special
			201 504 6005
ARS 10300 Balt Ave. Bldg.	. 003. Rm. 221		301.507.6005
ARS, 10300 Balt. Ave., Bldg.	. 003, Rm. 221	Phone Number:	(301, 304-0003
FINANCIAL RESPONSIBILITY	(if applicable - see instruction she	eet)	
Heltsville MD 20705	(if applicable - see instruction she	eet)	
FINANCIAL RESPONSIBILITY (I have met the financial responsibility)	(if applicable - see instruction she	eet)	
FINANCIAL RESPONSIBILITY (I have met the financial responsibility) YES No	(if applicable - see instruction she	eet)	
FINANCIAL RESPONSIBILITY (I have met the financial responsibility YES Commercial Insurance	(if applicable - see instruction she ty requirements in accordance wit	eet) th 40 CFR Part	280, Subpart H
FINANCIAL RESPONSIBILITY (I have met the financial responsibility) W YES Commercial Insurance Policy #	(if applicable - see instruction she by requirements in accordance with Self Insurance	eet) th 40 CFR Part	280, Subpart H ter of Credit
FINANCIAL RESPONSIBILITY (I have met the financial responsibility) YES No Commercial Insurance Policy # X Insurer	(if applicable - see instruction she by requirements in accordance with Self Insurance Insurance Pool	eet) th 40 CFR Part	280, Subpart H
FINANCIAL RESPONSIBILITY (I have met the financial responsibility) YES □ No Commercial Insurance Policy # X Insurer Agent/Broker	(if applicable - see instruction she by requirements in accordance with Self Insurance	eet) th 40 CFR Part Let Sur	280, Subpart H ter of Credit
FINANCIAL RESPONSIBILITY (I have met the financial responsibility) YES □ No Commercial Insurance Policy # X Insurer Agent/Broker	(if applicable - see instruction she by requirements in accordance with Self Insurance Insurance Pool	eet) th 40 CFR Part Let Sur	280, Subpart H ter of Credit rety Bond
FINANCIAL RESPONSIBILITY (I have met the financial responsibility) YES No	(if applicable - see instruction she by requirements in accordance with Self Insurance Insurance Pool Risk Retention Group	eet) th 40 CFR Part Let Sur	280, Subpart H ter of Credit rety Bond ner method allowed

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility)							
Tank Identification Number	Tank No. 32	Tank No. 33	Tank No	Tank No	Tank No		
Alt. Tank ID Number	Tank No 327	Tank No. 1160	Tank No	Tank No	Tank No		
Status of Tank (Mark only one)			^				
Currently in Use							
Temporarily Out of Use		 					
Permanently Out of Use							
2. Date of Installation (mo/yr)	7 7	1793		(<i>n</i> ,		
3. Total Capacity (gallions)	550	4000					
4. Material of Construction		· ·			, ,		
(mark all that apply)	' :		, ,				
Asphalt Coated or Bare Steel							
Cathodically Protected Steel	,						
Composite (Steel w/ Fiberglass) Concrete		-					
Fiberglass Reinforced Plastic							
Polyethylene Tank Jacket		×					
Unknown							
Other (specify)			(*)		<u> </u>		
Has tank been repaired?	Yes NoX	Yes No_X	Yes No	Yes No	Yes No		
Double-walled		X					
Excavation Liner Lined Intenor							
5. Piping (material)			,		· · · · · · · · · · · · · · · · · · ·		
(mark all that apply)							
Bare Steel							
Galvanized Steel							
Fiberglass Reinforced Plastic							
Copper Flexible Plastic					-		
Unknown					у		
Other (specify)							
Cathodically Protected							
Double-walled			4				
Secondary Containment	,						

acility	\mathbf{m}	Num	her.	
acmity	\mathbf{L}	740111	· · · · · · · · · · · · · · · · · · ·	

Page 4 of 5

DESCRIPTION OF UNDERGROUND STORAGE TANKS (complete for each tank at this facility) Tank No. Tank No. Tank No. Tank No. Tank No. Tank Identification Number Tank No 327 Tank No. 1160 Tank No. Alt. Tank ID Number Tank No. Tank No. 6. Piping (Type) (mark all that apply) Pressure **Gravity Feed** Suction: no valve at tank (Safe Suction) Suction: valve at tank (U.S. Suction) Has piping been repaired? No_ No_ Yes_ 7. Substance Currently or Last Stored Gasoline Diesel Gasohol Kerosene Heating Oil Used Oil Hazardous Substance CERCLA name and/or CAS# Other, please specify Mixture of-Substances Please specify 8. Closing of Tank Estimated date last used (mo/day/yr) Date tank closed (mo/day/yr) Tank was removed from ground Tank filled with inert material List material used Change in service to nonregulated substance No_ Yes_ / No_ Yes___ No_ 9. Site Assessment Completed?

	· ,		_	
Facility ID Number:		Page :	5	of 5

VII. DESCRIPTION						
Tank Identification Number	Tank No	Tank No	Tank No	Tank No	Tank No	
Alt. Tank ID Number	Tank No	Tank No	Tank No	Tank No	Tank No	
Release Detection (mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	
Manual tank gauging						
Tank tightness testing						
Inventory controls						
Automatic tank gauging			Gardon C			
Vapor monitoring						
Groundwater monitoring						
Interstitial monitoring double- walled tank/piping						
Statistical Inventory Reconciliation (SIR)						
Automatic line leak detection						
Line tightness testing		STATE STATE	Salation Services			
Other method allowed (specify)						
Spill and Overfill Protection						
Overfill device installed						
Spill catch basin						
2. Stage I Vapor Recovery	Yes No	Yes No	Yes No	Yes No	Yes No	
3. Stage II Vapor Recovery	Yes No	Yes No	Yes No	Yes No	Yes No	
VIII. CERTIFICATION OF C	OMPLIANCE (com	nplete for all new and i	upgraded tanks at this	location)	 	
][NSTALLER CERTI	FICATION		Tale	
certify that the underground	d storage system in	nstalled, upgraded,	or repaired at this fa	cility is in complian	ce with all	
ipplicable regulations.			1//		., .	
nstaller: Nowoc	مع بيضرن	=	Signatural Signatural	<u> </u>		
Print Name			Signature	* 4		
MDIC- 9 8 © State ID Number		<u> 11・てら- 의</u> Date	<u> المحدة</u> Company	E-TRON DI	· MJ	

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224

Date 10	131 / 97
Time in:	
Time Out:	

			. ,	(301) 631-3442		. // 4/	'	ne Out:
					•	NIV	Facility #	
e Nam	18: <u>Doni</u>	0101	<i>A</i>	· · ·	·		Case # 9	98-0933 (62
dress:	BENIN	_ـــــ	md			_	c	OPEN CLOSE
. 1	Tank(s) removed		· · · · · · · · · · · · · · · · · · ·				11	NITIAL FOLLOW-UP
b. 27	Tank(s) abandon	ed in p	lace		· ·			
2. Has	an environmental ass	essmei	nt been compl	eted? YES 🗆				
3. Has∣ 4. Has⊹	piping been properly all liquid been remove	abande ed from	oned? YES-E tank(s)? YE	⊠ NO □ SL≅ NO	UNKNO	DWN []	٠.٠	
5. Have	tank(s) been purged	of exp	losive or comb	oustible vapors?	YES	NO 🗆 🗎		
5. Were	perforations observe	a auni	ng visuai inspe	ction of tank or p	oiping? YES		<u> </u>	
Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?	Disposal site
1 -	JA:07	5 -	2500	FBR	Far	7	97	TONK 16 TO RY
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	All documentation as including:					47102	15 70	BE SURMITTE
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	Other:		D1411107771477	DAL 14/771 (IA)	D 43 (C) 41 41	EDIATE: N		
	IONS REQUIRED BY				-	EDIATELY		
	PUMP OUT LIQUID	.,.,				·····		- ''
£3120	STOP OPERATIONS				יכי פפברובובה ו			10 10 10 10 10 10 10 10 10 10 10 10 10 1
and the second	COMPLETE AN ENV				· · · · · · · · · · · · · · · · · · ·			100
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<u> </u>	AMEND NOTIFICATION	ON FOR	RM					
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	or's name (printed) an				Manshari	_ (4,	the hi	Month
	person's name (print	•		t		7	127	
	tor's name (printed) a		,	-	~.	W/	11 18	mes
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TANK REMOVAL/ABANDONMENT

State of Maryland

Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Facility #

Time In:

Time Out:

OPEN 1b. _____ Tank(s) abandoned in-place INITIAL Tank(s) removed FOLLOW-UP 2. ____ Number of USTs remaining on-site 3. Has an environmental assessment been completed? YES NO 4. Has piping been properly abandoned? NO ☐ UNKNOWN ☐ YES 1 5. Has all liquid been removed from tank(s)? \mathbf{N} YES NO 6. Have tank(s) been purged of explosive or combustible vapors? Ó YES 4 NO

Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations		Type of	Disposal Site
	Product				Tank (Y/N)	Piping (Y/N)	Piping	Site
1	#2011	20+	Steel	Steel	N	V	Steel	
	·		·					·
						, .		

·										
7. Is	ground	water contaminated	?	YES 🗆 NO 🗀 NO	OT DETECTABLE A	T THIS TI	ме €			
8. Is soil contaminated? YES TYPE OF PRODUCT NO NO NO DETECTABLE AT THIS TIME										
8a. W	ere con	ntaminated soils ren	noved?	YES □ (Complete C	Contaminated Soil Ren	noval form) NO 🗆	(Describe in Item	11)	
9. A0					BY THIS ADMINIS				<u>-</u>	
	OTI	IER:						· · · · · · · · · · · · · · · · · · ·		
10. A Æ	ALL	TANK REMOVA	L/ABAND	ONMENT DOCUME	OWNER BY THIS A		RATION:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	COM	MONITOR MPLETE AN ENVI END REGISTRATI	ING WEL RONMEN ON FORM	L(S) REQUIRED IN TAL ASSESSMENT I D REGISTRATI	LOCATION(S) DESC IN COMPLIANCE V ON FORM PROVIDE C 98.653	VITH CON ED TO CO	IAR	(ubmit two copies)	
11. Co	omment	is: ADDI	TIONAL C	COMMENTS PAGE?	YES ON front of Bldg Selow 100 p	0 . <i>18</i> 8	~	. 1) 1 1	faction. Backful	<u></u>
12. Ha	s inspe	ctor completed: S	ite Sketch?	YES INO	Site Photo	graphs? \(\frac{1}{3}\)	YES	□ NO		
13. W	ere tanl	ks labeled? Œ YE	S (describe	e in item 11) 🗆 NO						
Inspect Contac	or's na t person	up required by this me (printed) and si n's name (printed)	gnature: _ and signati	- OUSAM	LIGHAN - C	Susa	IN A	/		

FANK REMOVAL/ABANDONME Maryland Department of the Environment Time In: Waste Management Administration Time Out 2500 Broening Highway, Baltimore, Maryland 21224 (410) 631-3442 **OPEN** CLOSE Tanks(s) abandoned in-place Tank(s) removed 1b. INITIAL FOLLOW-UP Number of USTs remaining on-site Has an environmental assessment been completed? Has piping been properly abandoned? YES UNKNOWN 🗆 5. Has all liquid been removed from tanks(s)? NO YES YES 6. Have tank(s) been purged of explosive or combustible vapors? NO Perforations Type of Type of Tank # Type of Size Age Disposal Product Tank (yrs.) Piping Site Tank Piping (Y/N)(Y/N) NOT DETECTABLE AT THIS TIME YES □ NO □ 7. Is groundwater contaminated? NOK 8. Is soil contaminated? YES \square TYPE OF PRODUCT $_$ NOT DETECTABLE AT THIS TIME [8a. Were contaminated soils removed? YES \(\subseteq \) (Complete Contaminated Soil Removal form) NO \(\subseteq \) (Describe in Item 11) ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL OTHER: _ 10. ACTION REQUIRED WITHIN _____ DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING: PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11 П COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR (submit two co X AMEND REGISTRATION FORM \square REGISTRATION FORM PROVIDED TO CONTACT PERSON ADDITIONAL COMMENTS PAGE? \square YES \square NO 11. Comments: Beneath Site Photographs? Yes 12. Has inspector completed: Site Sketch? \(\subseteq \text{Yes} \) 13. Were tanks labeled? Yes (describe in item 11) No

14. Is follow-up required by this Administration YES

Contractor's name (printed) and signature: 11/6512

Inspector's name (printed) and signature:

Contact person's name (printed) and signature:

DUSGIN

	TANK REMOVAL/ABANDONMENT Maryland Department of the Environment Waste Management Administration 2500 Broening Highway, Baltimore, Maryland 21224 (410) 631-3442 Site Name: Boff - Blds 029
	Address: Show Roll Beltsville 1aTank(s) removed
	3. Has an environmental assessment been completed? 4. Has piping been properly abandoned? 5. Has all liquid been removed from tanks(s)? 6. Have tank(s) been purged of explosive or combustible vapors? YES NO UNKNOWN NO NO NO NO VES NO NO NO NO NO NO NO NO NO N
	Tank # Type of Age Size Type of Perforations Type of Disposal Tank Piping (Y/N) (Y/N) Tank Piping Site
٠.	1 #201 30+ 4000 Stool N N Copper DC Scraf
	7. Is groundwater contaminated? YES \(\sigma\) NO \(\sigma\) NOT DETECTABLE AT THIS TIME \(\sigma\) 8. Is soil contaminated? YES \(\sigma\) TYPE OF PRODUCT \(\sigma\) NOT DETECTABLE AT THIS TIME \(\sigma\) 8a. Were contaminated soils removed? YES \(\sigma\) (Complete Contaminated Soil Removal form) NO \(\sigma\) (Describe in Item 11) 9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: \(\sigma\) STOP OPERATIONS \(\sigma\) PUMP OUT LIQUID \(\sigma\) CONTAIN AND CLEANUP SPILL \(\sigma\) OTHER:
	10. ACTION REQUIRED WITHIN 3D DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING: Tank Disposal Clicket
	PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR
	OTHER: Robert Ziegler 98-1606 (T) Exp. 10/1/00
	11. Comments: ADDITIONAL COMMENTS PAGE? YES NO WIST Removed, File of Protections. Soil Beneath Screened a Microtip - 49.9 ppm. Exercation OK To Backfell. No Stain! Odor in Soils.
	12. Has inspector completed: Site Sketch? Yes No Site Photographs? Yes No
	13. Were tanks labeled D Yes (describe in item 11) No 14. Is follow-up required by this Administration? YES NO INTERPOLATION

TANK REMOVAL/ABANDONMENT Date	1,4,98
Maryland Department of the Environment Time In Waste Management Administration Time O	
Waste Management Administration Time Of MDF 2500 Broening Highway, Baltimore, Maryland 21224	ut:
Site Name: BARC Bldc Z54 (410) 631-3442 Facility	#
Case #_	19-1139 F 62
1aTank(s) removed 1bTanks(s) abandoned in-place INITIAL	CLOSE L FOLLOW-UP
2Number of USTs remaining on-site 3. Has an environmental assessment been completed? YES YES NO □	
4. Has piping been properly abandoned? YES YES NO UNKN	IOWN 🗆
5. Has all liquid been removed from tanks(s)? 6. Have tank(s) been purged of explosive or combustible vapors? YES V NO NO NO	
	TS:
Tank # Type of Age Size Type of Perforations Type of Product (yrs.) Tank Tank Piping Piping	Disposal Site
$\begin{array}{c c} & \text{rank} & \text{rphg} \\ \hline (Y/N) & (Y/N) & \end{array}$	
1 #201 20+ 5000 Steel N N Steel	P6 Scraf
	-1
7. Is groundwater contaminated? YES □ NO □ NOT DETECTABLE AT THIS TIME	,
8. Is soil contaminated? YES TYPE OF PRODUCT NOT DETECTABLE	E AT THIS TIME (
8a. Were contaminated soils removed? YES \square (Complete Contaminated Soil Removal form) NO \square (Describe	e in Item 11)
9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:	***
☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL	
OTHER:	
10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:	
Tank Disposal Receipt	
PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR	
 MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11 COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR AMEND REGISTRATION FORM □ REGISTRATION FORM PROVIDED TO CONTACT PERSON 	(submit two c
AMEND REGISTRATION FORM REGISTRATION FORM PROVIDED TO CONTACT PERSON	
OTHER: Robert Ziegler 98-1606 (T) Exp 10/100	•
11. Comments: ADDITIONAL COMMENTS PAGE? YES NO	
	C. A
(1) 5K Remared from your of Blog. Soils from Beneath	Schoened
W/ Meroto - Veaching 70ppm and Below Exc	Screened Cavation
(1) 5K Remared from your of Blog. Soils from Beneath	Screened Carotion
W/ Meroto - Veaching 70ppm and Below Exc	Scroened
W/ Meroto - Veaching 70ppm and Below. Ext tight Clay Soils. OK TO Backfill	Schoened Cavation
1) SK Removed from 10ard Blot. Soils from Benoath W/ Mrrotip - Vleading 70ppm and Below. Except Light Clay Soils. OK TO Backfill. 12. Has inspector completed: Site Sketch? Yes PNo Site Photographs? Yes PNo	Schooned Cavation
1) SK Removed from 10ard Blok. Soils from Beneath W/ Mroto - Nearly 70ppm and Below. Except Clay Soils. OK TO Backfill 12. Has inspector completed: Site Sketch? Yes No Site Photographs? Yes No 13. Were tanks labeled? Yes (describe in item 11) No	Scround
1) SK Remared from 10ard Blot. Soils from Benoath W/Mrotip - leading 70ppm and Below. Except Clay Soils. OK TO Backfill 12. Has inspector completed: Site Sketch? Yes No Site Photographs? Yes No 13. Were tanks labeled? Yes (describe in item 11) No 14. Is follow-up required by this Administration? YES NO	Scroened

TANK REMOVAL/ABANDONMENT Maryland Department of the Environment Time In: Waste Management Administration Time Out: 2500 Broening Highway, Baltimore, Maryland 21224 Facility # (410) 631-3442 Case # OPEN) CLOSE _Tanks(s) abandoned in-place Tank(s) removed INITIAL FOLLOW-UP Number of USTs remaining on-site Has an environmental assessment been completed? NO YES UNKNOWN [NO 4. Has piping been properly abandoned? YES NO 5. Has all liquid been removed from tanks(s)? YES NO \square 6. Have tank(s) been purged of explosive or combustible vapors? YES Type of Perforations Type of Size Disposal Tank # Type of Age Product Tank Piping Site (yrs.) Piping Tank (Y/N) (Y/N)N N 5000 YES \(\simega \) NO \(\sigma \) NOT DETECTABLE AT THIS TIME 7. Is groundwater contaminated? NO 🗹 NOT DETECTABLE AT THIS TIME [YES TYPE OF PRODUCT __ 8. Is soil contaminated? 8a. Were contaminated soils removed? YES \square (Complete Contaminated Soil Removal form) NO \square (Describe in Item 11) 9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: \square PUMP OUT LIQUID \square CONTAIN AND CLEANUP SPILL STOP OPERATIONS 10. ACTION REQUIRED WITHIN _3CO_ DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING: Tank Disposal Recupt PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR _ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11 COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR _ (submit two co AMEND REGISTRATION FORM \square REGISTRATION FORM PROVIDED TO CONTACT PERSON OTHER: ` ADDITIONAL COMMENTS PAGE? \square YES 11. Comments: Kemored Site Sketch? Yes Site Photographs? Yes 12. Has inspector completed: 13. Were tanks labeled? ☐ Yes (describe in item 11) ☐ No 14. Is follow-up required by this Administration? YES Contact person's name (printed) and signature: Contractor's name (printed) and signature: Waste to sur

	TANK REMOVAL/ABANDONMENT - Maryland Department of the Environment Waste Management Administration Waste Management Administration Time Out: Time Out:	? _ _
	Site Name: USDA Blog 3 Address: Illol Old Pond RC 1a Tank(s) removed 1b Tanks(s) abandoned in-place Number of USTs remaining on-site Tank (s) Blog 3 Facility # Case #98-25/2 OPEN CLOSE INITIAL FOLLOW-0	_
	3. Has an environmental assessment been completed? 4. Has piping been properly abandoned? 5. Has all liquid been removed from tanks(s)? 6. Have tank(s) been purged of explosive or combustible vapors? YES NO UNKNOWN NO NO NO VES VES NO VES NO VES NO VES NO VES VE	
	Tank # Type of Age Size Type of Perforations Type of Disposal Froduct (yrs.) Tank Piping Piping Site #Zo1 Zot 550 Joel - Soper In Place	
	1 + 2011 20 330 Start W MC	· ·
14	7. Is groundwater contaminated? YES \(\subseteq \text{NO} \subseteq \text{NOT DETECTABLE AT THIS TIME} \(\subseteq \)	=
	8. Is soil contaminated? YES TYPE OF PRODUCT NO NOT DETECTABLE AT THIS TIME 8a. Were contaminated soils removed? YES (Complete Contaminated Soil Removal form) NO (Describe in Item 11)	E, Z
	9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: STOP OPERATIONS PUMP OUT LIQUID CONTAIN AND CLEANUP SPILL	
	OTHER:	<i>i</i>
	ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:	
	PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR	o co
	OTHER: James Oates 97-1325(1) EXP 12/199	
-	11. Comments: ADDITIONAL COMMENTS PAGE? DYES DNO DSSO UST filled & Phc. UST Located Royt Blog + Ll Large tree O(1) So, 1 Sample to Be Collected from Beneall L ANalyze for TPH DRO & Naphalane Submit Rosotts	MC ST
.]	2. Has inspector completed: Site Sketch? Yes No Site Photographs? Yes No	
1 I	3. Were tanks labeled? Yes (describe in item 11) No 4. Is follow-up required by this Administration? YES NO	

ANK REMOVAL/ABANDO

State of Maryland

Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

YES

NO Date Time In: Time Out:

	(410) 631-3442	Facility #
Site Name: USDA - BARC BIA 029	<u> </u>	Case # 2000- 0440 PL
Address: Pine Loso Bettsville		OPEN CLOSE
la Tank(s) removed	1b Tank(s) abandoned in-place	INITIAL FOLLOW-UP
2. Number of USTs remaining on-site		
3. Has an environmental assessment been completed?	YES 🗆	NO Ø
4. Has piping been properly abandoned?	YES 🗷	NO □ UNKNOWN □

Tank # Type of		Age	Size			forations Type		
	Product	(yrs.)		Tank	Tank (Y/N)	Piping (Y/N)	Plping	Site
	Desid	5+	1000	Total Cont.	N	N	FRP	Jos Smiths
				Clad Steel				

1		Desid	5-	1000	Total last	\mathcal{N}	N	FKP	JUS. SMIS	11
			, - ,		Clad Steel			· .]
			,						′	
7. Is g	ground	water contaminated	? ``	res □ no □	NOT DETECTABLE A	T THIS TI	ME 🛱	-		
8. Is s	soil co	ntaminated? YES	S 🗆 TÝPI	E OF PRODUCT	NO) X N	OT DET	ECTABLE AT	THIS TIME □	
8a. W	ere' coi	ntaminated soils ren	noved?	YES [] (Comple	te Contaminated Soil Ren	noval form) NO [☐ (Describe in 1	tem 11)	
				•		•				<i>.</i>
9. AC					IER BY THIS ADMINIS ☐ CONTAIN AND (
	ОТН	IER:						· · ·		
	٠٠									
10. AC		TANK REMOVA	L/ABAND		HE OWNER BY THIS A MENTATION INCLUD		RATION	:		
- [PERLY ABANDO	N PIPING	IN COMPLIÀNC	E WITH COMAR	ODIDED II	1 IMEN 4	11		
	COM	APLETE AN ENVI	RONMEN	TAL ASSESSME	IN LOCATION(S) DESC NT IN COMPLIANCE V	VITH CON	/AR	<u> </u>	_ (submit two cop	ies)
R	AMI	END REGISTRATION	ON FORM	ſ □ REGISTRA	ATION FORM PROVIDE	ED TO CO	NTACT	PERSON		-
	ОТН	IER: Koband	Zoca	len 98-1	6000 EXP	101	100	· ·	· · · · · · · · · · · · · · · · · · ·	
11. Co	mment	ts: ADDI7	TIONAL C	COMMENTS PAC	E? □ YES □ N	0				• :
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					in Sport Com				30ckf.ll	
	1	1 1 2		100 Be	7/4 / 1					
					·			· · · · · · · · · · · · · · · · · · ·		
2. Ha	s inspe	ector completed: Si	ite Sketch?	□ YES ₽	NO Site Photo	graphs? [⊒ YES	Ø NO		
3. We	re tan	ks labeled? 🗀 YE	S (describe	e in item 11) 🖾	NO					
4. Is 1	follow-	- up required by this	Administ	ration? YES		$\langle \cdot \rangle$		- 1 1		

5. Has all liquid been removed from tank(s)?

6. Have tank(s) been purged of explosive or combustible vapors?

Inspector's name (printed) and signature: Contact person's name (printed) and signature: Contractor's name (printed) and signature:_



State of Maryland Department of the Environment Hazardous and Solid Waste Management Administration 2500 Broening Highway, Baltimore, Maryland 21224

CASE # 98.0735 PG

Report of Observations

Type of Inspection/Observation:	Date <u>10 / ろい らつ</u>
Facility Name: Same Same 010 A	
Remarks: ONE SEOD on Tom T	SOUNDE WALLED FIRMS
	PERSONATIONS TANK WILL OF
Questien For User L	
	W AST INSTALLED DETEN BACK
BEGUNENEZI	
Toka I Samue Fram	THE POTTON OF THE EXCAVATION
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1 de marie en actual de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya del	DESULTS TO THIS ADMINISTANTION
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AAVAII	son Interviewed: Kin Club
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,	State of Maryland Department of the Environment										5 97
	Waste Management Administration										
	. '				`		g Highway, Baltim		1 21224	· · · · · · · · · · · · · · · · · · ·	
	<i>†</i> ,	,	*	- A - 1			(410) 631-34		. ,	Facility #	
		,	C	محد-	22H				NIN		5-0593 LET
			7 31		201					Case # 1	
				removed [/]		· lh	N/a_Tank(s) a	handoned in-p	lace	OPEN	CLOSE FOLLOW-UP
	2	N	Tumber o	f USTs re	maining on-		22(5) 2				1 OLLO III - OI
	3. Has	an e	nvironme	ental, asses	sment been	completed?		YES [\(\) \(\)	
					bandoned?	->0		YES C	NO NO	☐ UNKNOWN	
					from tank(s)? or combustible vapor	·e?	YES D YES D YES D	ОИ. [
,	U. Hav	e tail	k(s) been	purged to	T. CXPIOSIVE	or comoustione vapor	J	125 4			Land to the second to the seco
Ś	Tan	k.#		pe of	Age	Size	Type of	Perfor	rations	Type of	Disposal
		ST	Pro	oduct	(yrs.)		Tank	Tank	Piping	Piping	Site
			EL AND		-	,		(Y/N)	(Y/N)		
		1,000	**	=2016						and only to think	ATT AND ADDRESS OF THE PARTY OF
	1	-	220	-	20+	550	STEET	N	2	STREZ	-PIGETOL WHER
	<u> </u>					<u> </u>				·	Yan
	-	.			1 1			·	-		
									7	Sec. 14	
	<u></u>			ntaminated		ES 🗆 NO 🏂 NO	OT DETECTABLE				
	-8a. We	re cor TIONS STO	ntaminate	d soils rei	moved?	OF PRODUCT YES (Complete C Y OF THE OWNER P OUT LIQUID	Contaminated Soil F	Removal form) NO 🗆	TABLE AT THIS	
	10. AC	ALL	TANK	REMOVA	L/ABANDO	DAYS OF THE DIMENT DOCUME	ENTATION INCLU	JDING:) ! (
								15 TO G	of In		THE HOWINIST
		COM	N	MONITOR AN ENVI	UNG WELL IRONMENT	N COMPLIANCE N (S) REQUIRED IN AL ASSESSMENT REGISTRATION	LOCATION(S) DI	E WITH COM	1AR	(s	ubmit two copies)
	,		,		J. I JIGH						· ·
		ОТН	ER:	<u>.</u>			*	·			
	11. Con	nment	e•	ADDI	TIONAL CO	OMMENTS PAGE?	□ YES □	NO		* * * * * * * * * * * * * * * * * * * *	
						CTE Tam			E	EM a w	00-715-5
	, -							A 4500	_		17 1/
	•	72	-CH	000	2716		<u> 62 - 1932</u>		13×6,	Mar 1:9	7
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			· ·			Wardie.	Les Wol.	21105	<u>-</u>		
	12. Has	inspe	ctor com	pleted: S	lite Sketch?	□ YES È NO	Site Ph	otographs?	YES >	₽ NO	
- 1	13. Wer	è tank	cs labeled	1? 🗷 YE	S (describe	in item 11) 🗆 NO	Ural 32	٠ - ١		/ :	
٠]	nspector	r's na	me (print	ted) and si	s Administrą ignature:	1204 W 42EE	(P Mak	W		
					and signature:		P. K10 A	1	11.11	, .	
•		-,	· · ·	,							1



Maryland Department of the Environment Waste Management Administration 2500 Broening Highway, Baltimore, Maryland 21224

CASE # 38-026306

Report of Observations

FACILITY I.D. # ___

Type of Inspection/Observation: Date <u>\& / \S / \9</u>
Facility Name: Box. Brog 334
Remarks:
1- 550 gr STREL TUNE GERMEN NO PENTIONATI
or soon in the Soir ox to box Fire of the
FX15Tin Same
Coed MIN OR Gross MINEN LONG ORBORDT
Baca La Mos OLEN CECEINES
. -
TIME OUT: TIME OUT:
111 M M 5/1/1/201//
Observer: Person Interviewed: All J. M.
MDE 111 REV 8/94

.ANK REMOVAL/ABANDONM

State of Maryland

Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

Date 8 Time In:_

Time Out:	· · ·	
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Facility #		

			1.	(410) 631-3442			racility #	
Site Name:	Bone 3	~ (E					Case # C	18-07 64 GEST
Address: _	·				· , , ,		OPEN	CLOSE
	Tank(s) removed		16	. WI. Tank(s) abar	doned in-n	lace	INITIAL	FOLLOW-UP
	Number of USTs rea	maining on		Talik(s) abai	idolica ili-p	·	, MILIAL	FOLLOW-UP
	environmental assess			, ,	YES [סא כ		and the second
	ing been properly ab				YES (UNKNOWN	ш,
	liquid been removed				YES .C			٠, ٠,
			or combustible vapor	rs?	YES [)	
	1		<u> </u>		/ - -		T	I to a second a second a second
Tank #	Type of	Age	Size	Type of	Perfo	rations	Type of	Disposal
4	Product	(yrs.)	· ·	Tank			Piping	Site
		· .	4.5	1. 1. 1.	Tank	Piping		
Grand Same	The state of the s		'		(Y/N)	(Y/N)	And Aller	-Africa and second
1	#3	705	220	5-1001	N	N .	STEFI	
	0-011	007	990	3 14-1			21/6/6/	305 EVIT 100
	1 P	. '			<u> </u>			
			: .		7.			
								
·			1 1		<u> </u>			1
3. Is soil co		S 🗆 TYPI	E OF PRODUCT	OT DETECTABLE A	N X	OT DETE	CTABLE AT THI	
Sa. Were co	ontaminated soils ren	noved?	YES [Complete (Contaminated Soil Ren	noval form) NO [(Describe in Item	11).
	O DEOLYDED MAN	CDIATEI	V OF THE OWNER	BY THIS ADMINIS	TD ATION			•
				☐ CONTAIN AND				
. 310	or OPERATIONS	·	ir oo'i Liquip	CONTAIN AND	CLLANOI	31 111		
□ от	HER:					,		
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0. ACTION	N REQUIRED WITH	$\overline{3}$	DAYS OF THE	OWNER BY THIS A	DMINIST	RATION:		:
≻S ALI	L TANK REMOVA	L/ABAND	ONMENT DOCUM	ENTATION INCLUD	ING:			
. @	Copy OF TI	4 TON	COMPOSAL RECE	30 OT 11 TOS	MM	ST. 171	THIS ADDIT	JISTNATION, CO
□ PRC	OPERĽY ABANDOI	n piping	IN COMPLIANCE	WITH COMAR			— 6,2€N£	47
				LOCATION(S) DES				
				IN COMPLIANCE V				submit two copies)
□ AM	END REGISTRATI	ON FORM	i □ REGISTRATI	ON FORM PROVIDI	ED TO CO	NTACT I	ERSON	
<u>.</u>		•		0				
TTO 🗷	HER: December	150	181611 19VE	REGUINIES	130- 6	roins		
1 Commen				□ YES □ N				
ommen	nc. A[][]]	LICHNAL C	.UNINERS LA PALIE!	LI IEO 11 N				

12. Has inspector completed: Site Sketch? ☐ YES ☐ NO Site Photographs?

YES

13. Were tanks labeled?

YES (describe in item 11)

NO

14. Is follow-up required by this Administration? Contact person's name (printed) and signature Contractor's name (printed) and signature:

 \square NO



Maryland Department of the Environment Waste Management Administration 2500 Broening Highway, Baltimore, Maryland 21224

CASE # 98 0264 06

Report of Observations

FACILITY I.D. # ___

Facility Name:_	Bare	375						<u> </u>
Remarks:	.* .					•		````
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TIME OUT			TIN	IE OUT:	D/	6XAL_)/;(,	
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Observer:	11////	<i>[//:</i>) Pe	rson Interv	iewed:///	[[]][i] []	V./h	PV:VV

State of Maryland

Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

Date _

NO ₹

	OU DIOCHII	ing inightway, Dustamore, inian	J.u.i.a 2122	<u>'</u>		
		(410) 631-3442	_ A A) .	Facility #	(- M
Base	11 -		MA	, .	Case #98	00 17
Site Name:			-		Case # 10	
Address: Slog 181			_ ,		OPEN	CLOSE
la Tank(s) removed	. 1t	o. Mar- Tank(s) abandoned	in-place		(INITIAL)	FOLLOW-UP
2. Who Number of USTs remaining on-site						• .
3. Has an environmental assessment been completed	1?	YES		NO 🗖		•
4. Has piping been properly abandoned?		YES		NO □	UNKNOWN	
5. Has all liquid been removed from tank(s)?		YES		NO □		

YES

Tank #	Type of Product	Age (yrs,)	Size	Type of Tank	Perfor	rations	Type of	Disposal
1000 1000					Tank (Y/N)	Piping (Y/N)	Piping	Site
1	*2012.	172	250	6 revoca	10	N	Corner	
							11	
					1.			
	,							

6. Have tank(s) been purged of explosive or combustible vapors?

٠							11		
	,								
7. Is ground	lwater contaminated	?	YES 🗆 NO 🗆 NO	OT DETECTABLE A	T THIS TI	ME D			
R Is soil co	ntaminated? YES	 S □ TYP	E OF PRODUCT	· N	O 🗆 NO	OT DETE	CTABLE AT THI	IS TIME ≒	
	٠.		YES □ (Complete C				. :		
			•				(Describe in Ren	1 11)	·
			Y OF THE OWNER 1P OUT LIQUID						
				L CONTAIN AND	CLLANOI	. SI ILL			
□ OTI	HER:	·			 		<u> </u>		
0. ACTION	N REQUIRED WITH	2 E NIE	DAYS OF THE	OWNER BY THIS A	DMINIST	RATION:			
≥₹ ALI	TANK REMOVAL	L/ABAND	ONMENT DOCUME	ENTATION INCLUE	ING:		المراجع	Su.	1
□ PRC	PERLY ABANDON	V PIPING	IN COMPLIANCE	WITH COMAR	<u> </u>	- 3/1	-1-02,0xx		
_ ·	MONITOR	ING WEL	L(S) REQUIRED IN	LOCATION(S) DES					<u>.</u>
			TAL ASSESSMENT					submit two c	opies)
□ AM:	END REGISTRATIO	ON FORM	I L REGISTRATE	ON FORM FROVID	ED 10 CO	NIACI I	LKSON	~	
□ OTH	IER:							<u></u>	
1. Commen	ts: ADDIT	IONAL C	COMMENTS PAGE?	□ YES □ N	10	,		•	. : `
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	Eci 0.1 S	177	moicies	. 1455					
		3	Marie Car	Koin Sie	52.54	1.150	172 RUI	~	
· .			1 - 2 727 PIO						
2. Has insp	ector completed: Si	te Sketch?	YES INO	Site Photo	ographs? [YES	□ NO		
2 Ware ton	les labalad?	C (describe	e in item 11) 🗆 NO				· ·		
J. Wele lan	ks labeled?	o (describe	e in item 11) 🗀 NO				· . · ·		٠.
4. Is follow	-up required by this	Administ	ration? YES	NO 🗵	11	Λ.		: .	
ispector's na	ame (printed) and sign, on's name (printed) a	gnature: >	ure: Dand	The state of the s	1. 115263				
contracțor's	name (printed) and s	ignature:_	production and the second	1. I wante					

TANK REMOVAL/ABANDONMENT Maryland Department of the Environment Waste Management Administration Waste Management Administration 2500 Broening Highway, Baltimore, Maryland 21224 (410) 631-3442 Facility # 9292
Site Name: bulled light Have Received Center Klds 3 Address: Bulled Ave Bulled 70705 1a. Tank(s) removed 550 dresel EG 1b. Tanks(s) abandoned in-place Number of USTs remaining on-site Case # 02-1473-f OPEN CLOSE INITIAL FOLLOW-UP
3. Has an environmental assessment been completed? 4. Has piping been properly abandoned? 5. Has all liquid been removed from tanks(s)? 6. Have tank(s) been purged of explosive or combustible vapors? YES □ NO □ UNKNOWN □ YES □ NO □ NO □
Tank # Type of Age Size Type of Perforations Type of Disposal Tank Piping Piping Site Areal 10 550 gallon TRP None detacks steel win Landfill
7. Is groundwater contaminated? YES \(\square\) NO \(\square\) NOT DETECTABLE AT THIS TIME \(\square\)
8. Is soil contaminated? YES TYPE OF PRODUCT NO NOT DETECTABLE AT THIS TIME [8a. Were contaminated soils removed? YES (Complete Contaminated Soil Removal form) NO (Describe in Item 11) 9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:
☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILE ☐ OTHER: 10. ACTION REQUIRED WITHIN DAYS OF THE OWNER BY THIS ADMINISTRATION:
ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:
PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11 COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR(submit two compliance with Compliance with Complete and Contact Person
11. Comments: ADDITIONAL COMMENTS PAGE? TYES TO TO THE GOVEN OF THE GOVERNMENT OF THE GOVEN OF T
Mr. Daniel Magnular, - More 2000-1405, No Visible perforation Literated, No staining of soils observed. The UST was installed
12. Has inspector completed: Site Sketch? Yes PNo Site Photographs? Yes No
13. Were tanks labeled? Yes (describe in item 11) No 14. Is follow-up required by this Administration? YES NO Solution NO Solution (printed) and signature: No Solution (printed) and signature: Chirafton (Dimense)

Contact person's name (printed) and signature:

Contractor's name (printed) and signature:

State of Maryland
Department of the Environment
Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224
(410) 631-3442

Date .	8	1 <u>30</u>	<u> 199</u>
Time	In:		
Time	Out		

	2500 Broening Highwa (410	y, Baltimore, Mary) 631-3442	land 21224		Facility #	209815
Site Name: USDA - Blds 029	2 11 11				Case # 20	500-044l
Address: the wor	Deltrille.	;		•	OPEN	CLOSE
1a Tank(s) removed	1b	Fank(s) abandoned	in-place		INITIAL	FOLLOW-UP
2 Number of USTs remaining on-site						
3. Has an environmental assessment been comp	leted?	YES	\square N	1O 🗆		:
4. Has piping been properly abandoned?		YES	ØN	Ю. 🗆	UNKNOWN	
5. Has all liquid been removed from tank(s)?	,	YES	.NN	io 🗆		
6. Have tank(s) been purged of explosive or co	mbustible vapors?	YES	Ø N	1O. 🗆		

Tank #	Type of	Age	Size	Type of	Perfo	rations	Type of	Disposal	
1100 1100 1100 1100	Product	(yrs.)	1	Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site	
1	Gosolne	7 4	4000	FRP/Steel	N	N	FRP		
				act 100			1990	The state of the s	
		:		1:					
								;	

1	Cosolne	1 3	<u> 9000</u>	TEP/TUE		<u> </u>	FNP		
[]				act 100		l	n de la company		
		:	1:						,
								;	-
7 Is around	Irretor contominated	2 V	ES □ NO □ N	OT DETECTABLE	AT THIS T	IME M			
						•		. •	
8. Is soil co	ntaminated? YES	S TYPE	E OF PRODUCT		NO 💢 N	OT DETE	CTABLE AT THI	S TIME	
8a: Were co	ntaminated soils ren	noved?	YES □ (Complete (Contaminated Soil R	emoval form	n) NO [Describe in Item	111)	
		٠, ٠.		•			. (= 0.001.00 1.02.		
			Y OF THE OWNER P OUT LIQUID						
, ·			L COL LIQUID		o CDD/III (C)	D1 1222			
□ · OT	HER:				<u> </u>				
10. ACTION	N REQUIRED WITH	HIN 30	DAYS OF THE	OWNER BY THIS	ADMINIST	RATION:		-	
ALI	TANK REMOVA	L/ABAND	ONMENT DOCUM	ENTATION INCLU	DING:				2
			IN COMPLIANCE						
			L(S) REQUIRED IN TAL ASSESSMENT						
			TAL ASSESSMENT REGISTRATI					submit two copie	s)
			nnett 98			-			
ITO 🗵					CAP	· 10 (1	100	,,	
11. Commen	ts: ADDI7	TIONAL C	OMMENTS PAGE?	☐ YES ☐	NO	(+m	ر المع المن		١
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	nd Clebust	ablod	on U Sano	pipetty.	4K Due	el to	Ilso Be lu	stalled !	<u> </u>
14			microtio -		Beneat	th US	T. O.K.TO	Bockful	<u> </u>
	lew busta	D. C.	rocklist le	At OW S	te			0	;
12. Has insp	ector completed: Si	ite Sketch?	□ YES K NO	Site Ph	otographs?	□ YES	NO NO		
3. Were tan	ks labeled? YE	S (describe	in item 11) KM NO						1
4. Is follow	-up required by this	Administr	ration? YES		Swa	y Ta	1/s		
Contact person	on's name (printed)	and signatu	ire:	1-1		100	RI		

MDE 234 9/93

Contractor's name (printed) and signature:___

TANK REMOVAL/ABANDONMENT Maryland Department of the Environment Waste Management Administration Time Out:_ 2500 Broening Highway, Baltimore, Maryland 21224 Facility # (410) 631-3442 (FDA) FOOD DAMINISTRAFFORD 8301 MMIRKIEK Tank(s) removed Tanks(s) abandoned in-place INITIAL FOLLOW-UP __Number of USTs remaining on-site NO [^]□ 3. Has an environmental assessment been completed? YES ☐ UNKNOWN ☐ 4. Has piping been properly abandoned? YES NO Has all liquid been removed from tanks(s)? YES NO. 6. Have tank(s) been purged of explosive or combustible vapors? YES NO Perforations Type of Disposal. Tank # Type of Age Size Type of Piping Site Product Tank (yrs.) Tank Piping (Y/N) (Y/N) 510 Steep 2 1 1 Steal. £000 NOT DETECTABLE AT THIS TIME I YES □ NO □ 7. Is groundwater contaminated? NO \square NOT DETECTABLE AT THIS TIME \square 8. Is soil contaminated? YES TYPE OF PRODUCT __ 8a. Were contaminated soils removed? YES [(Complete Contaminated Soil Removal form) NO [(Describe in Item 11) 9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: ☐ CONTAIN AND CLEANUP SPILL STOP OPERATIONS ☐ PUMP OUT LIQUID OTHER: 10. ACTION REQUIRED WITHIN _____ DAYS OF THE OWNER BY THIS ADMINISTRATION: ☐ ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING: PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR. MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11 COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR _ _(submit two cc AMEND REGISTRATION FORM \square REGISTRATION FORM PROVIDED TO CONTACT PERSON OTHER: DICHOLAS ENGLE GENDON AVE. 2703 ADDITIONAL COMMENTS PAGE? YES 11. Comments: OKAY 12. Has inspector completed: Site Sketch? Yes \square No Site Photographs? \square Yes 13. Were tanks labeled? Yes (describe in item 11) No 14. Is follow-up required by this Administration? Inspector's name (printed) and signature: him & mechine Contact person's name (printed) and signature: Contractor's name (printed) and signature: _ \Sicic & AGLE

State of Maryland
Department of the Environment
Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224

Date3	_/_	17	_/_	98
Time In:				
Time Out:				

	(4)	(0) 631-3442			Facility #_		
Site Name: FOOD & DRUG Admin.	<u> </u>				Case #	98-130	3P6
Address: 8301 MURKILL DA					OPEN	CLO	SE
1a Tank(s) removed	1b	Tank(s) abandoned	in-place	٠	INITIAL	FOLLOV	V-UP
2 Number of USTs remaining on-site	•		٠,				
3. Has an environmental assessment been completed?		YES	Þ	NO			
4. Has piping been properly abandoned?		YES	. 🕽	NO	UNKNOWN		
5. Has all liquid been removed from tank(s)?		YES	· 🖳	NO			
6. Have tank(s) been purged of explosive or combustible	vapors?	YES		NO	· ·	<u>:</u>	٠.

Tank #	Type of	Age	Size	Type of Tank	Perfor	rations	Type of	Disposal	
	Product	(yrs.)			Tank (Y/N)	Piping (Y/N)	Piping	Site	
10	#7 oil	30	20 K	Steel	N	N	Steel	Mc Gee Cy	
2	#2011	30	20 K	Steel	N	N	Steel	\	
. '					1				

.				'					,	
		,								
7	. Is gro	und	water contaminated	?	KES 🗆 NO 🗆 N	OT DETECTABLE A	T THIS T	ME 🗆		
. 8	. Is soil	co	ntaminated? YES	S 🗆 TYP	E OF PRODUCT	NO	о 🗆 и	OT DETE	CTABLE AT THE	STIME [
8	a. Were	co	ntaminated soils ren	noved?	YES [(Complete (Contaminated Soil Ren	noval form	NO 🗆	(Describe in Item	11)
. 9						R BY THIS ADMINIS				
	D. (T	IER:							
1			TANK REMOVA		ONMENT DOCUM	OWNER BY THIS A		RATION:		
		ON	MONITOR MPLETE AN ENVI	ING WEL	TAL ASSESSMENT	WITH COMAR LOCATION(S) DESI IN COMPLIANCE V ION FORM PROVIDE	WITH COM	MAR	(5	submit two copies)
	□ , C	TH	IER: Nicho	las E	agle MDIC	2 # 96-0531	1 6	XP 5	-1-98	
1	Comn	nen			COMMENTS PAGE?		_			
j			- Lines had	Zerougeiñ	y Containment	t, Soils Poth	en San	dy an	d Tree of.	Stains.
	-				Screened 6	of microtp -	Made	16	4.0 ppm	ptained
	-	2	regulation Bo	re Gil	ON				 -	
12	2. Has ir	nspe	ector completed: S	ite Sketch?	P □ YES □KNO	Site Photo	graphs?	□ YES	□⁄‱	
13	3. Were	tan	ks labeled? 🗆 YE	S (describe	e in item 11) 🗆 🂢	5		· .		
In C	spector's	s na	on's name (printed)	gnature: _ and signat	SUSAN BUIL	NO DANN PLANT	le	Wan	THE STATE OF THE S	
C	·		(printed) and				1	NW.) .	
M	DE 234	9/9	93							

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State of Maryland

Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Time Out:_ Facility #

Date Time In:

Site Name: FDA Address: 5100 Part Branch Parkway 1a. 1 Tank(s) removed 1b. 6 Tank(s) 2. 7 Number of USTs remaining on-site	College		<u> </u>	Case # OPEN	CLOSE FOLLOW-UP
 3. Has an environmental assessment been completed? 4. Has piping been properly abandoned? 5. Has all liquid been removed from tank(s)? 6. Have tank(s) been purged of explosive or combustible vapors? 	YES YES YES YES	N N N	NO NO NO	UNKNOWN [<u> </u>

	Tank #	k# Type of					Perforations Type (Disposal
		Product	(yrs.)	Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site	
	1	#201	50+	2500	Steel	\mathcal{N}^{-}			·
	~ .								
$\ \cdot \ $									

	Product	(yrs.)		rank	Tank (Y/N)	Piping (Y/N)	riping	Site
1	#201	50t	2500	Steel	N			
~ <u>.</u>		<u> </u>				· .		
					<u> </u>		 	
Is ground	dwater contaminated	d? Y	'ES □ NO □ N	OT DETECTABLE	AT THIS T	IME 🗹		
Is soil co	ontaminated? YE	S 🗆 TYPI	E OF PRODUCT	N	10 Ø N	OT DETEC	CTABLE AT TH	IIS TIME □
Were co	ntaminated soils re	moved?	YES □ (Complete C	Contaminated Soil Re	moval form	. NO 🗆	(Describe in Ite	m 11)
			Y OF THE OWNER IP OUT LIQUID				·	
:				L. CONTAIN AND	CEETITOI	ST 1DD	A CONTRACTOR	
OTI	HER:				· .		· · ·	
PRO	DPERLY ABANDO MONITOI MPLETE AN ENV	DIS PA ON PIPING RING WEL TRONMEN	ONMENT DOCUMING DOCUMING DOCUMING DOCUMING DESCRIPTION OF THE PROPERTY OF THE	WITH COMAR LOCATION(S) DE IN COMPLIANCE	SCRIBED I	MAR		(submit two copies)
OTI	HER:		· 					
Commen	nts: ADD	TIONAL C	OMMENTS PAGE?	□ YES □	NO	-		
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7	and Goe a		foration.					d land to
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·	NO Furt	ur ac	tron regu		ank 1	laconie	1 .// A	lean Houk
Has insp	ector completed:	Site Sketch?	☐ YES NO	Site Pho	tographs?	YES	NO NO	
Were tan	iks labeled? YI	ES (describe	in item 11) 🕏 NC)				
Is follow	-up required by the	is Administ	ration? YES	NO DE	5,00	- Tolo	12-	

Contact person's name (printed) and signature: Contractor's name (printed) and signature:

				Marylan	EMOVAL/ABA	Environm	ent	Time	<u>6,17,9</u> In:	3
,	MD	E			e Management Adm Highway, Baltimor (410) 631-344	e, Marylai		Time Facili	a planting age may	
	Site Na Address	11601 010	1 Hound	Relationse	Bld5#4			OPE		ے.
	2	ZTank(s) remo Number of U an environmental	STs remaini	ng on-site	Tanks(s) ab	YES	₹*	INITI	IAL FOLLOW	-UP
	4. Has 5. Has	piping been prope all liquid been rer e tank(s) been pur	rly abandone noved from	ed? tanks(s)?	nle vapors?	YES YES YES	E	NO 🗆 UNI NO 🗆 NO 🗆	KNOWN 🗆	1.7
	Tank		Age	Size	Type of	· ·	ations	Type of	Disposal	
٠		Product	(yrs.)		Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site	
		Freloil	301	3000	Steel.	4	N	Steel	Cutupo	~
	2	Fuel oil	25	3000	Steel			Steel	Situ	
										
	7. Is gi	oundwater contam	inated?	YES □ NO □	NOT DETEC	CTABLE A	T THIS	тіме □		
•	8. Is so	il contaminated?	YES 🖾 T	YPE OF PRODUC	T Fuel oil	. NO [] NO	Г DETECTAB	LE AT THIS TI	ме 🗆
	8a. Were	contaminated soil	s removed?	YES 🗷 (Comp	lete Contaminated S	oil Remov	al form)	NO 🗆 (Desc	ribe in Item 11)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. ACT				OWNER BY THIS A					
		OTHER:		! !					4218	<u> </u>
	10. ACT	ALL TANK REM	OVAL/ABA	ANDONMENT D	THE OWNER BY OCUMENTATION	INCLUDI	NG:	RATION:		
	. 🗆				ON DISPOSOR		%			
		MON COMPLETE AN E	ITORING W NVIRONMI	/ELL(S) REQUIRENTAL ASSESSM	RED IN LOCATION IENT IN COMPLIA RATION FORM PR	N(S) DES	н сома	.R	(submit t	wo co
		OTHER: NIC	nolas E	all 98.	0534 (I)	Exp.	6/1	00		
	11. Com	nents: AD	DITIONAL	COMMENTS PA	GE? □ YES □ Bldc UST IN	NO CONC	nete	Vault, B	but Surrour	rdei
	-	Sand (3) p			croting - Lease		<u> </u>	å .	+ Vault F	ille
-					reenhouse Se	i in	1 (87 3	14 1 1 1	1 2 1.	
	-	Microty Mi	dix of)228 ррт.	Screen Soils	Remo	re to	Below) 10	oppm. Prop	
		nspector completed				e Photogra	phs?	Yes 🖾 No	pose of)
	14. Is fol	tanks labeled? Dow-up required by s name (printed)	y this Admir and signature	nistration? YES	NO [Supo	- TA			
	Contact p Contracto	erson's name (printed)	and signatu	re: Waste	TEON - NICE	Eagle	μ	1/4/		

NK REMOVAL/ABANDON

Maryland Department of the Environment Waste Management Administration

Time In:		
Time Out:	* g*	
	-	

Date 8 11 98

MDE	2500 Br	oening Highway, Baltimore,	Maryland 21224
	011 5 -	(410) 631-3442	NIN
Site Name: USDA	Blds 209		

Facility #

ite Nam	e: USDA Bld	c 709		
	animal Hu	Sharely &	d -	
a	Tank(s) removed	9 ,	lbTanks('s) at	pandoned in-place
	O. N. I CITOTE		,	

Case #

Number of USTs remaining on-site

INITIAL FOLLOW-UI

Has an environmental assessment been completed? 4. Has piping been properly abandoned?

YES YES

NO UNKNOWN

5. Has all liquid been removed from tanks(s)?

YES YES NO NO

6. Have tank(s) been purged of explosive or combustible vapors?

Tank #	Type of Age		ge Size I Type of		Pertor	ations	Type of	Disposai
	Product	(yrs.)		Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site
1	#701	40-	550	Stood	N		Copper	PL Som
							ω_{II}	7.000
							1 h	
,								
			- Jan 19			¥ (2)		
·	indwater contami		YES □ NO □		CTABLE A		TIME 🕰	E AT THIS TIM
a. Were c	ontaminated soils	s removed?	YES [Comple	ete Contaminated S	Soil Remov	al form)	NO [] (Describe	e in Item 11)
. ACTIO	NS REQUIRED	IMMEDIA	ATELY OF THE O	WNEK BY THIS	ADMINIS'	TRATION	N:.	

). AC	TIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: STOP OPERATIONS PUMP OUT LIQUID GONTAIN AND CLEANUP SPILL	
	OTHER:	
0. ACT	TION REQUIRED WITHIN <u>30</u> DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:	·
	Tank Disposal Pochot	·
	PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11	
	COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR $_$ AMEND REGISTRATION FORM \square REGISTRATION FORM PROVIDED TO CONTACT PERSON	(submit two
` 🗆 .	OTHER: James Outer MDIC 97-132567 Exp. 17/199	· ·:
••		. *

11. Comments:

12.	Has	inspector	completed:
-----	-----	-----------	------------

Site Sketch? Yes

⊠_No

Site Photographs? Yes

13. Were tanks labeled VI Yes (describe in item 11) \(\subseteq \) No

14. Is follow-up	required by this Administration?	YES
Inspector's name	(printed) and signature:	Susc

Contact person's name (printed) and signature: Contractor's name (printed) and signature:

NO 🕰

.

State of Maryland

Date _ Time In:

Department of the Environment

Waste Management Administration	Time Out:
2500 Broening Highway, Baltimore, Maryland 21224 (410) 631-3442	Facility # 6 00 9814
Site Name: USDA - Agricultural lesearch Sunces	Case # 98-2512 P6
Address: 11601 Old Pond Rd Glendale 20769	OPEN CLOSE
la Tank(s) removed lb Tank(s) abandoned in-place	(INITIAL) FOLLOW-UP
2 Number of USTs remaining on-site	
3. Has an environmental assessment been completed? YES	
4. Has piping been properly abandoned? YES Z NO 🗆	UNKNOWN 🗆
5. Has all liquid been removed from tank(s)? YES W NO	
5. Have tank(s) been purged of explosive or combustible vapors? YES NO	
Tank # Type of Age Size Type of Perforations T	Type of Disposal

Tank #	Type of	Type of Age Product (yrs.)		Perfo	rations	Type of	Disposal	
	Product		Addition to the	Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site
1	Gasoline	33	550	Steel	Y	2	Steel	David Joseph
SDUZ				.1			• • •	Catononlle
			•	,	1			
. ,								

6D4	2			. 1				Catonon	lle
			•	,					
_			,						
7. Is gro	undwater contaminated	l? YES		OT DETECTABLE	AT THIS TI	ME 🖫			
& Is soil	contaminated? YE	S M TYPE O	f product <u></u>	asdine 1	NO □ N	OT DETEC	TABLE AT THI	STIME [
. '	*					•	•		
8a. Were	contaminated soils rea	moved? YE	S 🗵 (Completé (Contaminated Soil Re	emoval form	NO 🗆	(Describe in Item	11)	
	ONS REQUIRED IMN TOP OPERATIONS			BY THIS ADMIN					
	OTHER:					· · ·		· · · · · · · · · · · · · · · · · · ·	
25 A		L/ABANDON	MENT DOCUMI	DISPOSOL LE	DING:	RATION:			
	ROPERLY ABANDO MONITOR OMPLETE AN ENV MEND REGISTRATI	RING WELL(S IRONMENTA) REQUIRED IN L ASSESSMENT	LOCATION(S) DE IN COMPLIANCE	WITH COM	1AR	(submit two co	opies)
ū Č	THER: Janes.	J. Oates	97-132	5 to E	KP 12	199			٠.
	Deso cas L	vation -0	dor in Hel	From 7' D. I Small +	lole L To	il - h	art to Be Si	reped to	Be fou
4	Sondytype So o Be Stockpl			rmed. Sub					
12. Has ir	spector completed: S	ite Sketch?	YES ⊠ NO	Site Pho	otographs?	YES	□ NO		([
13. Were	tanks labeled? 🖊 YE	S (describe in	item 11) 🗆 NO) · · / /			:		
Contact pe	ow-up required by this name (printed) and surson's name (printed) and so name (printed) and	and signature;	Lione 10	45 (15)A	Swar DA CATE	7.76/20	hrefileg		
MDE 234	9/93	•						·	

4. Ha 5. Ha	G .	Ts remaining seessment by abandone oved from the sees over	Maryland Waste 2500 Broening 1b ng on-site een completed? ed? tanks(s)?	MOVAL/ABA Department of the Management Adm Highway, Baltimor (410) 631-3442 Tanks(s) ab	Environn hinistration re, Maryla 2	nent and 21224 n-place	Time I Time C Facility Case # OPEN INITIA	Out:	agg/A
Tanl	Type of Product	Age (yrs.)	Size	Type of Tank	Perfor	Piping (Y/N)	Type of Piping	Dispo Site	COMMENCE OF STREET
	#201	20+	1000	Steel	l)	N	Copper	Doud	Josep
			,						
-								<u> </u>	· · ·
9. AC	TIONS REQUIRED STOP OPERATION OTHER: TION REQUIRED V ALL TANK REMO	IMMEDIA NS	DAYS OF THE O'LUMP OUT LIQUIDED	WNER BY THIS A D CONTAI	ADMINIS N AND C	TRATIOI CLEANU	N: P SPILL	oe in item 1	1)
S	PROPERLY ABAN MONIT COMPLETE AN EN AMEND REGISTR	IDON PIPII FORING W NVIRONME ATION FO	NG IN COMPLIA 'ELL(S) REQUIR ENTAL ASSESSM DRM □ REGISTR	ED IN LOCATION ENT IN COMPLIA	N(S) DES	H COMA	AR		nit two co
11. Cor	1) IK UST	1	Soil fu	Jean of Bld	NO BE	1	nace bor crotip le action	n. UST	bio B
13. Wer 14. Is for Inspector Contact	inspector completed re tanks labeled? pllow-up_required by r's name (printed) ar person's name (printed)	Yes (describ this Admin nd signature ed) and sign	oe in item 11) istration? YES Sal	No D NO D	Suc	aphs?	Yes O No		

Site Name: BAC Blos Address: Edmonston Feb 1a Tank(s) removed 2 Number of USTs remaining 3. Has an environmental assessment bee. 4. Has piping been properly abandoned?	n completed?	e Environment ninistration re, Maryland 21224 2 pandoned in-place YES X NO YES X NO	D □ UNKNOWN □
5. Has all liquid been removed from tan6. Have tank(s) been purged of explosive	iks(s)? ve or combustible vapors?	YES 🗹 NO	
Tank # Type of Age Product (yrs.)	Size Type of Tank	Perforations Tank Piping (Y/N) (Y/N)	Type of Disposal Site
1 #201 7= 7	Continued	NNC	opper schools
	(Clad Steel)		DAND JOSEP
7. Is groundwater contaminated? Y	TES O NO NOT DETEC		
8a. Were contaminated soils removed? Y 9. ACTIONS REQUIRED IMMEDIATE STOP OPERATIONS PUN OTHER:	LY OF THE OWNER BY THIS		
10. ACTION REQUIRED WITHIN 50 ALL TANK REMOVAL/ABAN			ΠON:
☐ MONITORING WEI☐ COMPLETE AN ENVIRONMEN☐ AMEND REGISTRATION FOR	G IN COMPLIANCE WITH COM LL(S) REQUIRED IN LOCATIO TAL ASSESSMENT IN COMPLIA M REGISTRATION FORM PI	N(S) DESCRIBED IN NCE WITH COMAR	(submit two
M OTHER: Johns Octuber	97-13256) E	p. 12/1/99	Wastition
W FRP UST Rem	Solor OD pour OL	11	lea grand/Souls and 15th Screened w/ K TD Bockfull NO Further
12. Has inspector completed: Site Sketch	h? ☐ Yes ÆNo Sit	te Photographs? Ye	es ZNo
13. Were tanks labeled? Yes (describe 14. Is follow-up required by this Administ Inspector's name (printed) and signature: Contact person's name (printed) and signature.	tration? YES NO	Swa Th	Tak .

٠,	TANK REMOVAL/ABANDONMENT Date 8 12 9
	Maryland Department of the Environment Waste Management Administration Time Out:
	MDE 2500 Broening Highway, Baltimore, Maryland 21224 (410) 631-3442 Facility #
	Site Name: 13A2C 13105-289
	1aTank(s) removed 1bTanks(s) abandoned in-place INITIAL FOLLOW-I
	2. Number of USTs remaining on-site 3. Has an environmental assessment been completed? YES NO
١.	4. Has piping been properly abandoned? 5. Has all liquid been removed from tanks(s)? YES W NO □ UNKNOWN □ YES W NO □
	6. Have tank(s) been purged of explosive or combustible vapors? YES NO
	Tank # Type of Age Size Type of Perforations Type of Disposal Product (Vz) Size Tank Tank Piping Piping Site
	CANDE CANDE
	1 #201 20 1000 Steel N - Copper PG Scrax
,	
:	
	7. Is groundwater contaminated? YES \(\square\) NO \(\square\) NOT DETECTABLE AT THIS TIME \(\beta \)
,	8. Is soil contaminated? YES TYPE OF PRODUCT NO NOT DETECTABLE AT THIS TIME
	8a. Were contaminated soils removed? YES [(Complete Contaminated Soil Removal form) NO [(Describe in Item 11)
	9. ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION: ☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL
•	OTHER:
	10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:
	Tank Disposal Reciept
	☐ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11
	COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR(submit two AMEND REGISTRATION FORM PROVIDED TO CONTACT PERSON
	& OTHER: Micholas Eagle - MOIC 98-0534 (1) Exp. 5/1/00
	11. Comments: ADDITIONAL COMMENTS PAGE? \(\square\) YES \(\square\) NO
	WIK UST Removed from news to Bldg. Sandy Soils. No purp
	Excavation O'K TO Back fell. Doils from Beneath UST
	Found to Be free of Confailation - Cno reading on Microty
	12. Has inspector completed: Site Sketch? \square Yes \triangleright No Site Photographs? \square Yes \triangleright No
	13. Were tanks labeled? Yes (describe in item 11) No
	14. Is follow-up required by this Administration? SYES INO NO NO INSPECTOR'S name (printed) and signature: SUS an TIFE Any DWA TIME BOOK
	Contact person's name (printed) and signature: Contractor's name

					CMOVAL/ABA	mark of the s		7/21/98 n:
				•	d Department of the e Management Adm			Out:
M	DE		. ·		Highway, Baltimor			
		0	als		(410) 631-3442	AIR	Facility	/ #
Site 1		Bucco	• • •		tsulle		Case #	
	1	Tank(s) remov	ed	1b		andoned in-place	OPEN	
2. <u> </u>		Number of US		ing on-site been completed?		YES 🗹	NO □	
4. H	as pipir	ng been properl	y abandon	ed?		YES Z	NO 🗆 UNK	NOWN 🗆
		quid been remo		tanks(s)? osive or combustib	do venera?	YES VI	NO □ NO □	4
		k(s) been puig	ed of expl	osive of combustic	ole vapors:	TES, PE	NO L	
Tan	k #	Type of Product	Age (yrs.)	Size	Type of Tank	Perforations	Type of Piping	Disposal Site
		Troduct	()1015		The state of the s	Tank Piping (Y/N) (Y/N)	5	Site.
	#	201	10-	5000	FRP Clad	11 11	FRP	Pl Storie
					4.0			10000
	•							
			,					
7 Is	around	water contamin	nted?	YES □ NO □	NOT DETEC	TABLE AT THIS	S TIME (Ž	
				, .	•	•		E AT THE TO AT
			,	YPE OF PRODUC				E AT THIS TIME
8a. W	ere con	taminated soils	removed?	YES [(Compl	ete Contaminated So	oil Removal form) NO 🗀 (Describ	be in Item 11)
9. AC		REQUIRED IN OPERATION		TELY OF THE C PUMP OUT LIQU	WNER BY THIS A \Box CONTAIN	DMINISTRATION AND CLEANU		
	ΟΤĦ̈́	ER:	· .				·	
10. AC					THE OWNER BY COMENTATION		TRATION:	
	-	5 K T	الا ١٨٥٠	e Pocies)			
· 🔲 ·	PRO				NCE WITH COM	AR		
	COM				ED IN LOCATION			
		٦.			ENT IN COMPLIAI RATION FORM PR			(submit two co
	OTHI	ER: Dichol	05 El	yle 98	-0534	E4P. 5	1100	·
11. Cor	nments	• • • • • • • • • • • • • • • • • • • •	TIONAL	COMMENTS PAC		NO CALL L	. Cana. In.	Bank) 1
(1	Janiane		Starlow	U ' A .	Rt- DV	1201	75 Dam
	Tal	P Cake	6 11	on Site.	Excavation	0K 70	Bockfill	
٠.	,	·			·		<i>D</i>	
		· . · · · ·		·			· · · · · · · · · · · · · · · · · · ·	
12. Has	inspec	tor completed:	Site Ske	etch? 🖸 Yes 🌿	No Site	Photographs?	Yes V No	
		labeled? Y		be in item 11) \square nistration 2 YES				
		p required by the (printed) and			TI EEUVIT -	DUDAT	7/	
Contact	person		d) and sig	nature: Bocc	Tron Of		Dor Dire	u Johnson

				(.)			; (, · ·)			
,	(2000)			TANK RI	EMOVAL/ABA	ANDON	MENT	Date	11,25,9	b
					nd Department of the				n;	
. ′					te Management Adr			Time (Out:	_
, .	<u>MDE</u>	<u>.</u>		2500 Broenin	g Highway, Baltimo	-	A · A - E	F!!!		
	Company Company Company	BARC	BILL	1029	(410) 631-344	12	NN		_ ^	_
	Address:	Bellsvil	V	20705			-		90-0975	TC
	la.	Tank(s) remov			Tanks(s) al	bandoned i	n-place	OPEN UNITIA	_	TID
	2	Number of US				·			TOLLOW	OI.
		n environmental a iping been proper				YES YES		IO LET IO □ UNK	NOWN 🗆	
	4. Has p	Il liquid been rem	oved from	tanks(s)?		YES	/			
	6. Have	tank(s) been purg	ed of expl	osive or combusti	ble vapors?	YES	D N	ю 🗆		:
	Tank #	Type of	Age	Size	Type of 19	Perfoi	ations	Type of	Disposal	
		Product	(yrs.)		Tank		Piping	Piping	Site	
٠.				17 		(Y/N)*	(Y/N)			
		#2 Henry ON	201	550	STEE	b	N	STEE	UnTedILA	CIO
	1	1							+	:
									METAI	
	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1				4	: ,
•				*		+				
.·		<u> </u>		·			<u> </u>			
	7. Is gro	undwater contamin	nated?	YES 🗆 NO 🗆	NOT DETE	CTABLE A	AT THIS T	IME 🖸		
	8. Is soil	contaminated?	YES 🗆 T	YPE OF PRODU	CT	_ NO [ТОИ 🗆	DETECTABL	E AT THIS TI	ме ☑
					olete Contaminated S	Soil Remov	val form) N	IO 🖂 (Descri	he in Item 11)	
								' .	oc m nem 11)	
·					OWNER BY THIS UID CONTA					*
	ப . s	TOP OPERATION	13	FOMF OUT EIQ	oid E colvin	/ /	LLANOI		, .	٠.,
		THER:					· · · · · · · ·	<u> </u>		
	10. A2110	ON REQUIRED V	VITHIN	30 DAYS OI	THE OWNER BY	THIS AD	MINISTRA	ATION:		·
					OCUMENTATION				d.4.	
	· ·	ecion for	Drok Dr	spread Tobe	Subnutted To	This Az	Minela	yd north	15/97	
e					ANCE WITH COM				_	
		MONI	TORING V	WELL(S) REQU	RED IN LOCATION	N(S) DES	SCRIBED I	N ITEM II		, , ,
, .		OMPLETE AN EL	VVIRONM	IENTAL ASSESS	MENT IN COMPLIA RATION FORM P	ANCE WIT	TH COMAR	CACT PERSO	(submit	two cop
	/ <u>Le</u> j A	MEND REGISTR	ATION	OKM 🗀 KEGISI	KATION FORM T	KOVIDED	70 0011	·	• •	
		THER:	·				· ·	,		
	11. Comp	ents: ADD	DITIONAL	COMMENTS P	AGE?∏ YES [JNO	,	· 1 /	in-	
		2n 11/25/96		rection rules	with bosto	MAPON	414-531	- 4200 your	CL WARE	1
	Ţ.	Copiesantition	4 Day	e fotusion x	other werron	JUL HOLL	eastory.	desoube	Stanker	Ko
	.			TI VI	and west now	- H	a.oda	ordoration	L LOUT	ረን ነ ነ
	<u>-</u>	1		The Jander	Int I 11-41	m had	7	voliseabl		N.
	<u> </u>	sommen.	<u>wind</u>	X-IVI			· · · · · · · · · · · · · · · · · · ·	1)	- 1	/
	<u> </u>	unumund	10/1. (led piping i	Lusy J	umevee	Libbile 1	MALL	<u> </u>
,	12. Has in	spector completed	: Site Sl	ketch? 🗌 Yes	□ No V Si	ite Photogr	aphs? 🗆 Y	res 🗆 No	1	,
	13 Were t	anks labeled?	Yes (descr	· ibe in item 113 Γ	9 No	4				
	14. Is follo	w-up required by	this Admi	inistration? YI	NO NO		- / Y	210		
	Inspector's	name (printed) a	nd signatu	re: Thomas	H.HADER +	won	es u.	more	·	
		rson's name (prin		- /	2015		651	/		· · · · ·

	. /		\bigcup		
TANK RI	EMOVAL/ABA	NDON	MENT	Date	11,22,96
	nd Department of the				In:
	te Management Adm				Out:
The second secon	g Highway, Baltimor (410) 631-3442	-	nd 21224	J Facilit	v #
Site Name: BARR Bldg + 308	(410) 031-3442	•	MI	•	920127 Pos2
Address: Betteville 20105		· · · · · · · · · · · · · · · · · · ·	1 /-	OPE	
	Tanks(s) ab	andoned in	n-place	INITIA	
 Number of USTs remaining on-site Has an environmental assessment been completed? 		YES		NO D	
4. Has piping been properly abandoned?		YES			NOWN 🗆
5. Has all liquid been removed from tanks(s)?		YES		ио 🗆	
6. Have tank(s) been purged of explosive or combusti	ble vapors?	YES		NO 🗆	
Tank # Type of Age Size	Type of	Perfor	ations	Type of	Disposal
Product (yrs.)	Tank		Pipling	Piping	Site
	$\mathcal{U}_{i}(x_{i},x_{j},x_{i},x_{j})=\mathcal{U}_{i}(x_{i},x_{j},x_{j})$	(Y/N)			
1 #2 HORTING Q1 20+ 276	Steel	W	N	STEE	UniTed IRON
2 12 HOATING W 275	Steel	·Y	N	STEEL	+Melal
	1 01001		13	01001	
					، لــــــــــــــــــــــــــــــــــــ
7. Is groundwater contaminated? YES \(\subseteq \text{NO} \subseteq	NOT DETEC	TABLE A	AT THIS	TIME 🖭	
8. Is soil contaminated? YES TYPE OF PRODUC	CT	NO [ron [Г DETECTABL	E AT THIS TIME 🔽
8a. Were contaminated soils removed? YES [(Comp					• .
المستحدد الم	٠.		•		be in item 11)
9. ACTIONS REQUIRED IMMEDIATELY OF THE C ☐ STOP OPERATIONS ☐ PUMP OUT LIQU			*		
STOP OPERATIONS - POMP OUT EIQU	OID CONTAI	N AND C	LEANUP	SPILL	:
OTHER:	`		t .		
10. Agrion required within 20 days of	THE OWNER BY	THIS AD	MINISTR	ATION:).
ALL TANK REMOVAL/ABANDONMENT D	OCUMENTATION	INCLUDI	NG:		
ROCIED T FOR DISPOSAL OF TANK TODA	& Sibmitter 17	rt: AA	Asimon	ill errolla	is due his 11/97
			MINAD FO	U UND WILBIE	150 Cings 09 111
☐ MONITORING WELL(S) REQUI	RED IN LOCATION	N(S) DES			-
COMPLETE AN ENVIRONMENTAL ASSESSM					(submit two copic
■ AMEND REGISTRATION FORM □ REGIST	RATION FORM PR	OVIDED	TO CON	TACT PERSO	Ň
OTHER:	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	· .	<u> </u>	
11. Comments: ADDITIONAL COMMENTS PA	GE2 DIVES F	ĺνο			6
En 11/22/96 y arrived on mit with	Mark than	536-1	1200 (4	no) wwy.	Mr. Dave _
Johnson & BARR Forthers				1 1 -	Eo. Propertion
			_		
Atomko krankellrusting	Junio, 116	TO THE	` .	\ J	1)1
small perfasters unanol			1/	. 111	wils noted
number or otherwood	alers of Sl	annin	<u>y. O</u>	poroval	was given to
12. Has inspector completed: Site Sketch? Yes	No Site	e Photogra	phs?	Yes No	
	Na	-		. N	
13. Were tanks labeled? ☐ Yes (describe in item 11) ☐ 14. Is follow-up required by this Administration? YE	$\mathbf{S} = \square \dots \mathbf{NO}$	1	. , ,	ΔI .	
Inspector's name (printed) and signature:	s 4. Haber	Mon	vas G	Holes	
Contact person's name (printed) and signature	MO MANGE	976	10 CC	Messer U	CEUA
Contractor's name (printed) and signature: Garner	-thatet	()			

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224
(301) 631-3442

Date	Dan	110	#		NIM	F	acility #	· · · · · · · · · · · · · · · · · · ·	
	ame: BARC	PIG	q#506)			Case #	97-0787	PGZ
	dress:	- 					' 4	PEN CLOSE	
. 10	etsville M	10	20765				<u>(</u>	TIAL FOLLOW	-UP ^
1a	Tank(s) removed								
1b	Tank(s) abandor Has an environmental			mpleted? VESI	7 (Octo 2)	NO 🖽	,		,
,	Complete an en	vironme	ental assessm	ent within c	lays in compilan	ce with CO	MAR		
2. Has	piping been properly Properly abando	abande on ninin	oned? YES [a within	(Go to 3) N		UNKNOWN			
3. Has	all liquid been remov	ed from	tank(s)? YE	S 🗹 (Go to 4)	NO 🔲 –				
4 Hav	Stop operations tank(s) been purged	and pu d of exp	imp out ilquid losive or comb	as ordered by this xistible vapors?	Administration YEST (Go to	5) NO [٦		. š
, ,	Can operation continu	e safely	? YES 🗹	Go to 5) NO [•			
5. We	Stop operations observ	e as ord ed durir	ered by this A ng visual inape	oministration oction of tank or pl	plng? YES	NO 🗗			,
		Age			Type of	System	Date of	Diamond	
Tank	Type of product	(yra.)	Size	Type of tank	plplng	tested? (Y/N)	last test?	Disposal site	. `.
	Carreling	75	1000	Steel	steel	(17.4)	10011	UniTed IRO	2
1	Ciasoline	1/0	1000	01001	81001		 -	Hate	''
	<u> </u>		1			 		THEAT	
1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>						DAID.	
				,					
6. ls g	roundwater contamine	sted?	YES N	O 🖂 (Go to 7)	UNKNOWN [
ع ما خ	Perform a site a oil contaminated? Ye				ninistration with	inda	ys .	4 × 4	v *
	ere contaminated soli						. :		.*
	if YES: Disposal site							 -	7
8. Per	If NO: Removal form specified tasks o	r submit	not required additional inf	ormation to this A	dministration wit	hin	daya:		• .
C				ecified location(s)				* /	
Ē	Complete a site ass				- All -		ndo.		
	☐ Dally Inventory reco ☐ Other:	HOR .	L P85	it testing info.	III All II	epair work i			
, E	D'All desumentation	secolat	ed with tank re	moval/abandonm	ent: , ~ >	1.	1	~ T - H	•
,	Including: Subw	1 Di	Pospi K	ecupi for	JUNK 10	IMS H	quillore	MILK CHOILAST	N .
9 Co	mments: Om ID	3 0 10 -	158/22	con site rei	H Unit	From H	10-630	14Z00.00	·
	emoural of the	dico	LEAVOA		SARC RED	resentiti	we Do	ir-formanial	10h
ġ	nistle, Ansi	esti	maltan	Enrevealed.	rustina	trilling	luly	our processed	gertan
*	nonection of	vo bi	ly berr	aled poders	+ whom	MA MIL	ead	Jank grade	10.
Ļ	Certificaning	-1/5	Trener	coprele / ex	carralpen.	the croi	an all	J. a) xoux	um 1
ਨੁੰ	(4) under	ans	bollom	- Arbs - Start -	amplight.	year yr	11 11	SIEX EPH W	surpo
	020 Knogy		ij conig	minalet	DOU THE	II SUCC	proju	en distribution	HE W
, —	m prosties			in procedure	· sunuv seu	spoor	<u> </u>		
	ST notification form am follow-up required by t			YES 🖂	NO LLA	٠,	ni l		. •
	ctor's name (printed) a		~		ber Tthe	moes a	Habe	1	,
Conta	ct person's name (prir	nted) an	d signature:	AVC alo	hardra &	aus C	XDan) , , , ,	
Contra	actor's name (printed)	and alg	nature:			- 7	ノー		
					-		• .	1.	

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224
(301) 631-3442

Date	10/246/40	· .	N II				IN	acility #	• :	~
Site Name	BARRE	BL	Jat 1	434		\mathcal{N}		Case #	97 07	88 Ph
Site Addr	0 89:		1					6	PEN	CLOSE
He	Marille		LOS	26			•		ITIAL)	FOLLOW-UP
1a 1b.	_ Tank(s) ren Tank(s) abs	noved andon	ed in pi	lace			۰ م			
Ha	s an environm	nental	88888	ment been cor	mpleted? YES		vo to	· .		
ا 2. Has pl	Complete ping been pro	an em perly	vironme abande	ental assessme oned? YES [ent within c	days in compiland NO □ U	INKNOWN			 , * .
[Properly al	bando	n pipin	g within	days la complian	ce with COMAR_		<u>.</u>	_	
٠, ١	Stop oper	ations	and pu	imp out liquid	3 (Go to 4)	NO [_] Administration		•		
				losive or comb	dstible vapors? 30 to 5) NO F	YES (Go to 5) NO [□		. •
	Stop oper	atlons	as ord	ered by this Ad	dministration		/			
5. Were	perforations of	bserve	d durir	ng visual inspe	ction of tank or pi	ping? YES	NO 🗆			
Tank #	Type of product		Age (yra.)	Size	Type of tank	Type of plping	System tested? (Y/N)	Date of last test?		Disposal site
1 1	PUTAS	0,1	157	10.00	Steel	Steel	_	J	UniTe	IRDL
5 90				` '	 /			l .	1 Me	Al
	. (:			·		, .	13	OVE
			. "						1	·
6. la grou	indwater cont	amina	ted?	YES N	D (30 to 7)	UNKNOWN [1	<u> </u>		
_ [Perform a	she as	9888171	ent and submit	report to this Adı			ys		7 7
	contaminated contaminate			NO □ (G □ YES □						
	YES: Disposa									· .
	NO: Term specified tax				ormation to this A	dministration with	ln	days:		
	•				ecilied location(s)				• •	
				t and submit r		rii Allasi		 .		A
	Daily Inventory 2ther:	18001	C) 8	Pas	t testing info.	∟ A⊪rel	p air work ir	πο.		
	All documente	tion a	eoclate	ed with tankus	moval/abandonm	ient: VT H	10	-	7	\
	30 days	om,		29/96	ECTED TOR	I ANK 10 IN	ks Han	wing)	BALLA	אושוא
9, Opmm	A	10 /	18/9	6-arw	ed on sete	Jer Itas	emtivo	مالكان	אנמלעם פ	Lose was
to	nk will	12/11	note	Juen 4	10-536.47	260 and	BARP	Repr	eventy	be stain
400	wood:	Run	pee	ren to	agre perc	red from	mat y	hille	rand	whiteall
1	reportation	we.	d ÓIN	permon	A Some	priceres	orano	4 CO	mudny	raucy
00	2012		man	mentary.	1 Course	ACADUAVE S				EDE CUL III
da.	no in	A) P	17	ir . I o ma	in on til	c vindill us	Marile		2021	an Alland
5	ال عدر الا	D.POL	hen	women	e a worls	anred	em 2	-411	relpus	ma
	otification for				NO 🗀.	1		1		
		•		ninistration?	· 	NO CHI	J. 0 1	Halai		, '
•			_	ature: 1 h By		ZER JYKOM	as U.S.	40	-	
	or,s uswe (bu) betaou a uswe		-	d signature:	unre 10	1113000	may	Vova.		
Contracto	v a uguna (bu)	real .	itin sißi	igiui e.		 				

TANK REMOVAL/ABANDONMENT
State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224

Date 1	6	,9	6
Time in:	• ,		• ,
Time Out:			

 $\langle X \rangle$

				(301) 631-3442			Time C)ut:	
	00- 01	141			NI		Facility #	,	
Site Nan	ne: BARC BI	da	1180	·	· · · · · · · · · · · · · · · · · · ·	_	Case #97	10867	2 Pri
Address	: BelTsville		20/05		· · · · · · · · · · · · · · · · · · ·		OPE	v) c	LOSE
1a	Tank(s) removed Tank(s) abandon	ed in hi	BCO			1	INITIA	FOI	LLOW-UP
2 Has	an environmental ass	essmen	t been compl	eted?* YES 🖂	NO 🖽				,
3. Has	piping been properly all liquid been remove	abando	ned? YES [UNKNO	WN 🗀		_	
5. Hav	e tank(s) been purged	of expl	osive or comb	oustible vapors?	YES	NO 🗀			
6. Wer	e perforations observe	d durin	g visual inspe	ection of tank or p	iping? YES	NO 🗀	·		
Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of piping	System tested? (Y/N)	Date of last test?		posal ite
1	#Z HEATINGO.1	25+	1000	Steel	Steel		- N	Liled Pr	ALAHEUG
	7		. ,	· (BATTW	more
1	٠							` .	٠.
			:	· .		1.			
									
	oundwater contamina	lod2 \	/ES 🔲 🕍	S 150 NOT VI	SIBLY DETECTAL	DI E AT THIS	STIME [7]		
B: is so	oil contaminated? YE	s 🗀	NO 🗹	NOT VISIBLY D	ETECTABLE AT	THIS TIME	SEE	COMMENTS	s 🖂 🐪
W	ere contaminated soils If YES: Disposal site?	remov	ed? YES	In . № 🗆 n			6	 }	
	If NO: Removal of	of soils	not required	ING THING		· · · · ·	Quant	лу:	
9. Sub	mit additional informat	ion to th	nis Administra	tion within <u>30</u>	days				
	Dally inventory recor			to		t testing inf	o. 🗆	All repair wo	rk infó.
٢	All documentation as including:	T For	Dispessol	of Vaal to	be submitt	cd To Th	is Admi	NISTRATIO	N (
,	William 300	er en	by 12	6 96	1				
	Other:	<u> </u>			<u> </u>	1 - 1			
10. AC	TIONS REQUIRED BY					DIATELY	:	. ,	
	PROPERLY ABANDO PUMP OUT LIQUID	אל אני	NG IN COMPL	IANCE WITH CO	MAH				
	STOP OPERATIONS			· ., .,				1 /	
]MONITORIN] COMPLETE AN ENVI			ED IN LOCATION				T	· . · · ·
	(SUBMIT TWO CO		ENTAL ASSES	SOME IN THE COME	PLIANCE WITH C	OWAN		· · · · · · · · · · · · · · · · · · ·	
_	AMEND NOTIFICATION		RM î) f				1.
	mments:	د 'ازر	1 7	(A	(44	1	- I H	1 1	# ナ、 し
/ <u>\Y</u>	11 496 20	fright	misue	MONTHUM	roval of the	allove	evernan	bour.	pullane
<u> </u>	The state of the s	<u>Yyla</u>			-sarticyus	Potent		barry up	
<u> </u>	Waste with	11043	36/7400	1. 1. Sphal who	m under	LOWY Y	No oco	a a con	aminates
<u> </u>	ou from inca	vuuo	M ran s	DIGM DELOI	<u>a · </u>		·		
·		·	 			· · · · · · · · · · · · · · · · · · ·		·. · · · ·	
· <u>-</u>			- 1	· · · · · · · · · · · · · · · · · · ·		1 1.			
12. ls fo	ollow-up required by th	is Admi	nistration?	YES 🔲 . I	NO.	221			
-	tor's name (printed) an		~	<u></u>	er Thomas	4'Hal	es	•.	Park
•	t person's name (print	,			son Da	XI	m U.	JDA	
Contra	ctor's name (printed) a	nd sign	iature:	<u> </u>		0			
PHC	TOS TAKEN 🖂	, .	ADI	DITIONAL COMME	ENTS PAGE	. ,		SITE SKETO	

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224
(301) 631-3442

Date	10/23/96 ame: <u>GARC-</u> 1	314	#606		1. V	IN	Facility #	97 0	762 1	<u> </u>
Site No	ame: 5 H RC - 1	Siuy	. 000				•			<u>ა</u> ტ 2
One Ac	Bellsm	I.p.	201705	:		;		PEN	CLOSE	
1a.	Tank(s) removed				· ·		J.	IITIAL)	FOLLOW-U	P .
1b	Tank(s) abandon				•		/		· · · · · · · · · · · · · · · · · · ·	
	Has an environmental Complete an en	assess vironme	ment been con	npleted? YES	☐ (Go to 2) days in compliand	NO [4]	MAH			
2. Has	plping been properly	abando	ned? YES	' (Go to 3) I	νό 🖂 🗀 Òγ	INKNOWN				
3. Has	Properly abando all liquid been remove	n piping d from	g within tank(s)? YES	days in compilar 3 □ (Go to 4)	NO .		·			:
•	Stop operations re tank(s) been purged	and pu	mp out liquid	as ordered by this	Administration) NO (- · · · ·			
4. Hav	Can operation continu	e safely	? YES 🖳 (0	30 to 5) NO [, NO				٠.
	Stop operations re perforations observe	as orde durin	ered by this Ac ig visual inspe	iministration ction of tank or pi	lping? YES	NO [1			
Tank	Type of product	Age (yra.)	Size	Type of tank	Type of plping	System tested?	Date of last		Disposal site	
	71 - 07	35	1000	Clas		(Y/N)	test?	11.7		
1	Healing Oil	25+	1000	STEE	STEC	<u> </u>	<u> </u>	UNNC	3	
-						·		411	धभ	
					·				· · · · · · · · · · · · · · · · · · ·	
					,	ļ_ _			·	
	, ,									
7. la e	roundwater contamina Perform a site as oil contaminated? YE fere contaminated solic if YES: Disposal site?	sessme S 🗀 s remove	nt and aubmit NO 🖳 (Ge	Teport to this Adi to 8)	UNKNOWN [_ ministration withir		iye			
	If NO: Removal	of solls	not required					.)		• - '
8. Per	form specified tasks or			ormation to this A scilied location(s)		····	days:			
, [☐ Complete a sits ass		•							
בַ	☐ Dally inventory record Other:			testing info.	All re	pair work i	nto.			
. L	All documentation a	ssociate	ed with tank re	moval/abandonm	next:	- 1				7
<u>,</u>	Including: Subject	<u> </u>	ank Disp	osal Recub	ol To This	Admi	NEKAT	W WO	DIN 30	day
0.00	TAX I	7/01	<u> </u>	1 - 2	with Min	to Has	n Hin	r 536;	4/200/ar	7
9. Col	PRE REPROD	3196		dinon	wayle was	vova c	2-100	1	exerced	<u>va_</u>
3	and Jane	lad.	rustina	mouting of		Maion J	miline	1,000	76 t	
Ÿ	reportions u	vere	noted	Strile, to	isiter take b	blo sy	man of	conta	minatio	M/
<u> </u>	Loldon, Her	mys.	an track To	given toot	recognizione	garai	un ly	hill rike	The oc	بدللا
	equipment:	July	ulitank.	Mapoor I	center 100	me go	Minist	iafieni	WHITH 30	<u> </u>
4	1511.20	96-	Chicker C	THE LANGE	Sold ron vu	COST 1	y Jan	augo	0/0/	
10 119	T notification form ame	nded?		NO 🗆	CO SOU TO IL	Coury	m re	coura ·		
	ollow-up required by the				NO D	. 1	01			· · ·
inspec	name (printed) a	nd sign	ature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nas H. HA	SOR A YOU	as u.	Have	<u> </u>		
	ct person's name (prin			Sans got	m us	DA			· · · · · · · · · · · · · · · · · · ·	•
Contre	ctor's name (printed) :	and algr	nature:		·			<u> </u>	· 	

TANK REMOVAL/ABANDONMENT

State of Maryland

Department of the Environment

Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224.

(301) 631-3442

Date !	0/23/96	4-	~n ·			UIN!	acility #						
Site No	ime: RHAC BIC	<u>کو"ع</u>	07			ייוט	Case #	170763 19	<u> </u>				
	Site Address: OPEN CLOSE												
	Belisville 20'05 Initial Follow-up												
1a	a Tank(e) removed												
	bTank(s) abandoned in place Has an environmental assessment been completed? YES [(Go to 2) NO []												
	Complete an environmental assessment within days in compliance with COMAR												
2. Has	2. Has piping been properly abandoned? YES 🛂 (Go to 3) NO 🖂 UNKNOWN 🗀												
3. Has	☐ Properly abandon piping within days in compliance with COMAR												
4. Hav	Stop operations : e tank(s) been purged	and pu	mp out liquid losive or comb	as ordered by this justible vapors?	Administration YESIVI (Go to !	5) NO [.						
	Can operation continu	e safely	? YES 🗹 (30 to 5) NO ["// T							
5. We	Stop operations perforations observe	as ord ed durir	ered by this Ai ng visual inspé	dministration ection of tank or b	Iping? YES	NO 🖂							
	Type of	Age			Type of	System	Date of	Minnes					
Tank #	product	(yra.)	Size	Type of tank	plping	tested? (Y/N)	last test?	Disposal site					
1	#2 Healing Oil	カミャ	275	Steel	Steel	-	~	United IRMA METER	H				
1-1-1	12 Healing on	1 00	~/3	01001	U ICO			W. Tr. W	4				
						-		PHIOTIA	-				
								<u> </u>					
							·						
6. Is g	roundwater contamina	rted?	YES 🗀 N	O [(Go to 7)	UNKNOWN [,				
7. la s	Perform a site as oil contaminated? YE		NO 🗹 (G		ministration withi	nda	ya '						
	ere contaminated soil	vomer e											
	If YES: Disposal site? If NO: Removal		not required										
8. Per	form specified tasks of	submit	additional inf	ormation to this A	dministration with	nln	dayê:						
				ecified location(s)								
	☐ Complete a site ass ☐ Dally Inventory reco			eport t teating info.	· · · · · · · · · · · · · · · · · · ·	pair work li	nto.						
. E	☐ Other:	. ,	, <u></u>	t teating into.		pull Work II	· · · · · · · · · · · · · · · · · · ·						
. [All documentation a	secolate	ed with tank re	moyal/abandonn	nent:	خدانه در	T i.	M. 22 Jan					
	60 1123 96	THM	K anabog	H KACIBOL	10 IDIS Har	IIIDIO IKI	4 NOV A	of things days					
9. Co	mmente On 10 Di	196-	DALLIE	an into in	Il Wasta	LLON 4	0-536	~4200 and the	ø,				
J	fortingan a 80	PCX	orthaia	more att	e alove de	فعللاناه	Hand o	Propositional ta	1				
<u>.</u>	erealed I no	tical	elle per	eration)	Loile mes.	tight K	anclal	and sportly wo					
<u>`</u>	Digner or oday	2 OU	contame	ration. He	wissim	aslgin	whork	CHILL THIS					
<u> </u>	experiting you	ل را	Regulien	willy supprise	1 tank d	medady	MANO	ASTRIA	•				
0	commission	Jug.	11/1/30-	daily w	11 79148-	Canin	HULLYEL DO	every on					
	eclevingsfelli	Heccel	a of stray	ZOOGIN TON	LANK. IV	אנורע	مد طهد راه	MOUNTAIN					
40.45	Caso is closed												
10. US	10. UST notification form amended? YES NO												
	Inspector's name (printed) and signature: Thomas A. Habes												
Conta	ct person's name (prin	ited) an	d signature:	Dan X	KANN C	450	A						
Contra	actor's name (printed)	and alg	nature:)								
							•	3, , ,					

	TANK REMOVAL/ABANDONMENT Maryland Department of the Environment Waste Management Administration Time Out: Time Out:
	Site Name: SAPC-Blact 60 Site Name: SAPC-Blact 60 Address: OPP Howder Hill Road-BellSylle 20 705 Tank(s) removed 1bTanks(s) abandoned in-place Tanks(s) abandoned in-place Tanks(s) removed Tanks(s) abandoned in-place
	2Number of USTs remaining on-site 3. Has an environmental assessment been completed? YES □ NO □ UNKNOWN □ 4. Has piping been properly abandoned? YES □ NO □ UNKNOWN □ 5. Has all liquid been removed from tanks(s)? YES □ NO □ 6. Have tank(s) been purged of explosive or combustible vapors? YES □ NO □
	Tank # Type of Age Size Type of Perforations: Type of Disposal Tank Tank Piping Site
,	1 HeATING DI 10+ 550 STEEL N N STEEL KOPPORTATION SORAP
	7. Is groundwater contaminated? YES □ NO □ NOT DETECTABLE AT THIS TIME □
	8. Is soil contaminated? YES TYPE OF PRODUCT NO NOT DETECTABLE AT THIS TIME Sa. Were contaminated soils removed form) NO (Describe in Item 11)
	9. ACTIONS REQUIRED IMMED A KED TO NOW RATION:
	OTHER: CONCENING AMENDED.
	10. ACTION REQUIRED WITHIN ALL TANK REMOVAL! MINISTRATION: NG: NG:
	DUBMI COPIES & HUM PROPERLY ABANDON MONITORIN GCRIBED IN ITEM 11
	COMPLETE AN ENVIRO AMEND REGISTRATIO COMPLETE AN ENVIRO TO CONTACT PERSON TO CONTACT PERSON
	□ OTHER: 3-7-96
	21. Comments: ADDITIONAL CONVINCE STREET OF ST
	excavation by Waste from 410-536.4200 Thoto Modertis Event to
	Proportion of tark revealed must pitting but no perforations
	12. Has inspector completed: Site Sketch? Yes No Site Photographs? Yes No
	13. Were tanks labeled? If Yes (describe in item 11) \(\sum \) No 14. Is follow-up required by this Administration? YES \(\sum \) NO \(\sum \) Horozoo \(\sum \) Horozoo \(\sum \) Contact person's name (printed) and signature: \(\sum \) At \(\sum \) Som

The second of th	()*-			()		
	TANK REN	MOVAL/ABA	NDONI	MENT	Date _	3,6,96
	_	Department of the			Time I	n:
MDF	-	Management Adm Highway, Baltimor			Time (Out:
Site Name: BARC- Bldg		(410) 631-3442	_	All	Facility	
Address: off 1310 Control	Rd - Bellevi	1 20705		VI	Case #	961689862
laTank(s) removed	1b	·	andoned in	-place	OPEN INITI <i>A</i>	•
 Number of USTs remain Has an environmental assessment 			YES		NO D	
4. Has piping been properly abandon	ned?		YES YES		NO 🗆 UNK	NOWN 🗆
5. Has all liquid been removed from6. Have tank(s) been purged of exp	losive or combustible	e vapors?	YES		40 <u> </u>	
Tank # Type of Age	Size	Type of	Perfor	ations	Type of	Disposal
Product (yrs.)		Tank	Tank	Piping	Piping	Site
1 Hearing 0,1 9	,	~ 1		(Y/N)	a 1	0.77.0
Heating Oil 9	550	Steel	N	N	Steel	100-110, SCRAP
	 				 	
7. Is groundwater contaminated?	YES □ NO □	NOT DETEC	TARIFA	THIS T	TIME M	السيفيين
8. Is soil contaminated? YES	•		NO [/		E AT THIS TIME □
8a. Were contaminated soils removed						
9. ACTIONS REQUIRED IMMEDIA						oo m nom 11)
	PUMP OUT LIQUII					
□ OTHER:					· .	
10. AOTION REQUIRED WITHIN	30 DAYS OF T	THE OWNER BY	TḤIS AD	MINISTR	ATION:	
ALL TANK REMOVAL/A	SANDONMENT DO		INCLUD	ING:	· · · · · · · · · · · · · · · · · · ·	delat
Rocked for Dispo	sal of Tank lo		ihis Hd	puinie	RAJION by	4/6/96
☐ PROPERLY ABANDON PILE ☐ MONITORING	PING IN COMPLIAN WELL(S) REQUIRE			CRIBED	IN ITEM 11	-
COMPLETE AN ENVIRONM AMEND REGISTRATION F	MENTAL ASSESSME	ENT IN COMPLIA	NCE WIT	H COMAI	R	(submit two copies
	ORM LI REGISTRA	ATION FORM PE		TO CON	ITACI PERSO	
OTHER:		:		<u> </u>	 	<u>.</u>
~ 1. I	L COMMENTS PAG	/ 1) ~T	NO	James .	LAW MAN	l dran
excavation soils	· B \	11 -41		· 170	op bull.	Therawers no
- 1	approved a	W			aminite	on. Mirozolio
not week slue	towerwea		delich	1)	en Richer	
rust testing. Or		n delaures		d. who	enitant	2 was release
12. Has inspector completed. Site S	ketch? 🗆 Yes	No Sit	e Photogra	aphs? 🖳	Yes 🗆 No	
13. Were tanks labeled? Yes (desc	cribe in item 11)	No			1	
14. Is follow-up required by this Adm Inspector's name (printed) and signatu	ninistration? YES	Dabel NO	Lom !	no O	Haber	
Inspector's name (printed) and signature Contact person's name (printed) and signature.	signature: Dale	Johnson		4		1

8-18-1			Sec (1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ris .	, ,		, F. 27	y 3.+*	16 14	1
Ł	3ELTG	Agricu Agricu Rese	MURA	¥	TANK R	EMOVA	Ť./ÅŘÅ	NDON	MENT		Date	3 , 19 , 9	Ъ
<i>f</i> .		Rese	mach		Maryla	nd Departm	ent of the	Environn	nent		- Time Ir	1:	_
-	MDE				Wa 2500 Broenir	ste Manage					Time O	ut:	<u></u>
	דלדואו	RAA	מון	Huis	2500 Diocili		631-3442		AII	J	Facility	#	_
	Site Name	ata aa '	DIG	109	2 2070	25			نام الم		Case #		17
	Address:_ a	Tank(s)		AP VITIC	Ib.		nks(s) ab	andoned in	n-place		OPEN		UP
2	Hasa		of USTs re		on-site completed?		•	YES		NO [1		
4	. Has p	iping been j	properly ab	andoned?	·	-	• .	YES		NO [J UNKI	NOWN 🗆	
5 6		ll liquid bee tank(s) bee			cs(s)?. e or combust	ible vapors	?	YES YES		NO [Ⅎ :		
	Tank #	Type	of A	Age:	Size	Tvr	e of	Perfor	ations	т	ype of	Disposal	
		Produ		rs.)		2000 6020000000000000000000000000000000	ink	Tank	Piping		iping	Site	
	1	# \ \1	- N.I.	20	<u>5</u> 50	- CY	1		(Y/N)	ের	5-1	().)	
	1	#2-He	B DAY OIL	-0	3 30	31	ee	N	N_	् ।	ee	Ambridge	 :
		-			. (-					SCRAP BATIM	
				-		<u> </u>						10(1)(1)	////
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7.	. Is gro	undwater co	ontaminated	i? YE	S D NO		T DETEC	TABLE A	AT THIS	TIME			
8	•	contaminate			OF PRODU			,	_			E AT THIS TIN	Æ.□
1	-34 ¥							. '				e in Item 11)	
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					IP OUT LIQ		CONTAI				L		
	□ 0	THER: _			· · · · · · · · · · · · · · · · · · ·					· .	· ·	· · · · · · · · · · · · · · · · · · ·	
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•		ROPERLY	ABANDO	n Piping	IN COMPL	IANCE WI	тн сом	AR			<u> </u>	by 419	96
					L(S) REQU ΓAL ASSESS						 ÊW 11	(submit t	wo cop
, .					1 □ REGIS						r Persoi	N	
	. O	THER: _		<u> </u>	·		/	<u>.</u>	·	<u> </u>	:		· · ·
. 1	i. Comm	ents:			MMENTS] NO	+1.	· · ·	+	1.	4
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	7	5.00			old Lon		. 1	LIKELLY.					v Tripe
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	_	To year	1					- J	al in			11	,
		UNIAAA	77 11 171	$A \cap A \cap A \cap A$	<i>የ ጊዜ በ ያያለ ምክን</i> የ	701 1-111	DITUIT	WALES IN	"LA A711 -	んしいん	eutva v	$\alpha \alpha \omega \omega \omega$	
~ 10	<u>ال</u> Hae in	spector com	pleted ·		RALMAN 1? □ Yes				aphs? []	1	eving v	anusy	
,		.*		Site Sketch	? 🗆 Yes	□ No		e Photogr	aphs? 🖸	1		anusy	
12	B. Were t	anks labele	1? 🔯 Yes	Site Sketch	,	□No /	Sit	e Photogr		1		anvey	

	Site Name: BARE Bld Address: 15 W PARWAY 1a. Tank(s) removed 2. Number of USTs 3. Has an environmental asse 4. Has piping been properly a 5. Has all liquid been remove	Maryland Waste 2500 Broening 10 # 446 11		Environme inistration e, Marylan	nt d 21224 V/W	Time In Time Ou Facility Case # OPEN INITIAL	J 46 3-010627 16 1300 Pu CLOSE FOLLOW-UP
	6. Have tank(s) been purged Tank # Type of	of explosive or combustible Age Size	le vapors? Type of	YES Perfora	NO NO	ype of	Disposal
		(yrs.)	Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site
	1 WASTE OIL	10 350	Steel	N	N ST	eel	United SCREPE
,		,		,			
•	7. Is groundwater contaminate	ed? YES \(\text{NO} \(\text{C} \)	NOT DETEC	TABLE A	THIS TIME	<u>M</u>	
	8. Is soil contaminated? YE	ES 🗆 TYPE OF PRODUC	Ť	NO 🗹	NOT DET	ECTABLE	AT THIS TIME [
	9. ACTIONS REQUIRED IM STOP OPERATIONS	· IMEDIATELY OF THE O	WNER BY THIS A	DMINIST			s in item 11)
	REDICPT FOR F	al/abandonment do Disposal of Tank	CUMENTATION Soll Total	nis flam	√G:		2/2/96
٠.	☐ MONITOI ☐ COMPLETE AN ENVI	ON PIPING IN COMPLIA RING WELL(S) REQUIR IRONMENTAL ASSESSMI TION FORM IT REGISTR	ED IN LOCATION ENT IN COMPLIA	N(S) DESC NCE WITH	COMAR		(submit two
	□ OTHER:				· · · · · · · · · · · · · · · · · · ·	Λ Λ	
	tank revealed	perintendent on	rustiner of p Waster Iron scene adri Ily on ocene	atting.	1 poils	6-536-	7204
	13. Were tanks labeled? Yes 14. Is follow-up required by thi Inspector's name (printed) and Contact person's name (printed) Contractor's name (printed) and	is Administration? YES signature: Thornes Hi	Aber Tolom	as Ha	wo		

	Maryland Waste	MOVAL/ABA Department of the Management Adm	Environme inistration	ent	Time In	7,23,96 1:
Site Name: BARC Blog Address: OFF BID CONTROL R 1a Tank(s) removed 2 Number of USTs remain	424 opd - Bettsvil		? 	NII	Case #	97-0112PGZ
 3. Has an environmental assessment 4. Has piping been properly abando 5. Has all liquid been removed from 6. Have tank(s) been purged of exp 	ned? n tanks(s)?	e vapors?	YES YES YES YES		NO UNKI	nown □
Tank # Type of Age (yrs.)	Size	Type of Tank	Perfora Tank (Y/N)	Piping	Type of Piping	Disposal Site
2.10[[[[2] 0.1] 0.1]			7		1	OTTION STORY
 7. Is groundwater contaminated? 8. Is soil contaminated? YES 8a. Were contaminated soils removed 	YES □ NO ☑ TYPE OF PRODUCT ? YES □ (Comple		, NO [] NO	Γ DETECTABL	E AT THIS TIME 🖪
9. ACTIONS REQUIRED IMMEDI ☐ STOP OPERATIONS ☐	ATELY OF THE O	 WNER BY THIS A	ADMINIST	ration	٧:	
OTHER: 10. ACTION REQUIRED WITHIN _ ALL TANK REMOVAL/AL	30 DAYS OF SANDONMENT DO	THE OWNER BY OCUMENTATION	THIS ADI	MINISTI NG:	RATION:	
☐ PROPERLY ABANDON PII	WELL(S) REQUIR MENTAL ASSESSMI	NCE WITH COM ED IN LOCATIO ENT IN COMPLIA	AR N(S) DES NCE WITI	CRIBED H COMA	IN ITEM 11 R	(submit two cop
OTHER:	L COMMENTS NAC	TEN □ VES . □	NO NO			<u> </u>
7.11	on site to fer	attankanto	excurs		Property	n atank
a octors of conserved	du cryan Jamination Il a PIO		ntal E	room	Aino su per Mr El expotered	erna of algumi Bushka Elberne 0,0 ppm s
12. Has inspector completed: Site S	ketch? 🗌 Yes 🛚	No Sit	e Photogra	iphs? 🗗	Yes 🗆 No	F1
13. Were tanks labeled? Yes (described) Yes (ninistration? YES ire: Themas H. signature:	Habee Hon	ras q.	Haber	Na	
Contractor's name (printed) and signa	ture: 📈 🎜 M 👼	SCATES		6-12	Clit	

1.				() ,	,		. ,			
				TANK RE	MOVAL/ABA	NDON	MENT	Dat	e 7, 30,	96
					Department of the				ne In:	
				. -	Management Adm				ne Out:	
	MDE			2500 Broening	Highway, Baltimor			A -		
	A THE SOURCE STEWART CONTRACTOR SOUNTS	BARE	B116#	301	(410) 631-3442	2	NI		ility #	700: 5
	Site Name		DOSTING	Rd-Bells	ville 20	705			e #91 -0174	
		Tank(s) remov			Tanks(s) ab	-	n-place		PEN CLOSI	
	2	Number of US	Ts remainii	ng on-site			<u>.</u>		TIAL PROLLO	W-UP
		n environmental a				YES YES		NO 🖸	NKNOWN 🗆	
		iping been proper Il liquid been rem				YES		NO 🗌 U	NKNOWN 🗆	,
				osive or combustib	le vapors?	YES		NO 🗆		
	Tank #	Type of	Age	Size	Type of	barfor	ations	Type o	Dispo	oni
	THIK #	Product	(yrs.)	1/2	Tank		Piping	Piping	Site	CONTROL CO.
						(Y/N)	(Y/N)			
	1	HEATINGOIL	20+	1600	STEEL	N	N	STEE	United	Frai
		month agen				100	1.4		4 11 EL 8	
							· · · · ·	-	David	
	.			•				 · · · · · · · · · · · · · · · · · · ·	WHO I CHAI	JOSEPH 1
			 			·		7		
	L	<u> </u>		<u> </u>					<u> </u>	
	7. Is grou	ındwater contamii	nated?	YES □ NO □	NOT DETEC	TABLE A	AT THIS	TIME 🖯		
ţ	, ,	contaminated?	2.	YPE OF PRODUC	T.	NO E	TONO!	г бетест/	ABLE AT THIS	TIME (2
,						` .		· :	. 1	
,	8a. Were o	contaminated soils	removed?	YES (Comple	ete Contaminated S	oil Remov	al form)	NO ∐ (De	scribe in Item 11) .
					WNER BY THIS A					•
	LJ S	TOP OPERATION	NS ∟ P	UMP OUT LIQU	ID 🗆 CONTAI	N AND C	LEANUI	SPILL	•	
	□ . oʻ	THER:		·					· · · · · · · · · · · · · · · · · · ·	
	10 40110	N REQUIRED V	JITHIN '	30 DAYS OF	THE OWNER'BY	THIS AD	MINISTE	ATION		
					CUMENTATION			· ·		
	P	groot For 1	0	1 STOUVE	be submilly	LT LO	his od	olenem	J. 16, 8	30/91
	· · · · · · · · · · · · · · · · · · ·	OPERLY ARAN	HEDOR PIPE	NG IN COMPLIA	NCE WITH COM	ed 101	ilo Li	MINDONE	m low by .	176
					ED IN LOCATION		CRIBED	IN ITEM 1	1	
					ENT IN COMPLIA					it two co
	LY A	MEND REGISTR	ATION FO	DRM □ REGISTR	ATION FORM PR	ROVIDED	TO CON	TACT PER	SON	
٠.	O'	ГНЕR:	· · · · · · · · · · · · · · · · · · ·		<u> </u>	1	· · · ·	• •	·	
	11. Comme	ants: ADT	ITIONAL -	COMMENTS PAG	anv □ vas □	I NID A	_	- ^	11	-1
-				on sie to		outores	ל בנות בי	ion Ins	la mietra	ank
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	- 7}	7		ems geglin	$A \cdot I \cdot A$		<i>U</i> ~	- 7 117		24
	1/2	inspodució d	A CONTROL	111 -	tought or p) .	WIN	11 11	11.	•
	gi	ver to how	Pofelly	rell between	gworls.	aven	When	lovelly	ypon recien	unce
	ىلا	eccept for	chipo	a plane		<u> </u>		· · · · ·		7
	12. Has ins	pector completed:	Site Ske	etch? TYes	No Site	e Photogra	iphs? □	Yes	No	
		inks labeled? w-up required by		be in item 11) 🖺	No I NO E	#	Λ $$	11)		,
		w-up required by name (printed) a			A.HAber	Skomo	6 4.1	Tally		<u>:</u>
	Contact per	son's name (print	ed) and sig	gnature:		M		0.1		
	Contractor'	s name (printed)	and signatu	ire: X Martin	KICHACDSON.	TILL	Min A	uchasil		

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway, Baltimore, Maryland 21224
(301) 631-3442

Date	9/23/96 Bellsvillef	Janzi	Musel R	na) decessor.	Tro N	IN I	Facility #	970522 R	ゕこ				
Site A	ddress: Blan 750	9-	SPT BEAU	er Dam D	5)へ に info		• >		<u>ن را</u>				
<u> </u>	Beltsville	(AD	705		·			PEN CLOSE TITAL FOLLOW-UP					
	Tank(s) removed		lace				<u></u>	FOLLOW-OF					
10	1bTank(s) abandoned in place Has an environmental assessment been completed? YES [(Go to 2) NO []												
2. Has	Complete an environmental assessment within days in compliance with COMAR 2. Has piping been properly abandoned? YES 🔯 (Go to 3) NO 🗍 UNKNOWN												
	Properly abando	n plpir	ig within	_ days in compliai	nce with COMAR_	· · · · · · · · · · · · · · · · · · ·		<u>.</u>					
•	all liquid been remove Stop operations	and pu	amp out liquid	as ordered by thi	NO [] • Administration								
	e tank(s) been purged Can operation continu					5) NO [–						
	Stop operations	as ord	lered by this A	dministration		NO 🗠		¥					
5. We	re perforations observe	ea aurii	ng visual inspi	ection of tank or p	ipingr res :		1	<u> </u>	_				
Tank #	Type of product	Age (yrs.)	Size	Type of tank	Type of plping	System tested? (Y/N)	Date of last test?	Disposal site					
	CHEDINE	15	550	Stee	Steel		· · ·	TRI COUNTY					
2	Viesel	15	550	Steel	Steel			JudisTRIAS TO					
						<u></u>	*	be SCRAPEU					
			A										
, -									7				
. 6. is g	roundwater contamina	ted?	YES N		UNKNOWN [• • • • • • • • • • • • • • • • • • •	٦.				
 7. la a	Perform a site as oil contaminated? YE		mdus bna me D) 🔲 ON		ministration within	1de	ıy ə						
N	/ere contaminated soils If YES: Disposal site?	remov					- ·						
o Der	If NO: Removal form specified tasks or	of solls	not required	ormetion to this A	dministration with	ıln	daye:		۲				
6. FeI	•			ecified location(s		···· — ····	. ^ .						
, <u> </u>	Complete a site ass	esemen	t and submit i	report	•				٠				
. [□ Dally Inventory recor □ Other:	rds ·	☐ Pas	at testing info.	er IIA 🔲	pair work i	nfo.		• •				
	- /	ssociat	ed with tank re	emoval/abandonn	nent:	<u> </u>	· ': •	within walter	- -				
,	including: Subun		NK DIE	SPRAJ KER	ieal lo lhi	s Doin	pinisie	station million					
9. Co	minorial las GIA		DIDAMA	A on vita	H Joi Pa	a st. k	trabant	The state of the same	—				
5.00	the colover	lexic	more los	iks. June	serten d		torner	JONES ON LINE	0				
, <u>Ž</u>	letter writer	NA	Jul Mo.	desitor	2 popular	tions	Hand	parism good	_				
2	ondition.	LTT A	f mark	varation?	- dellow	Tamp.	Louch	padmessign	N				
0	The Holds	onT	amena	may abou	with driver	J LOJ	rocem	Marin Washin	劉				
<u>-</u>	opy. Roomy	Mon	7 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1) KONNEY	property	MALP	DIME.	Mamp Lempla	Y)				
<i>₹</i>	and Lase	teno.	to be	ampled.	les Bill	X EP	A West	Lord 8020 Ma					
	T notification form ame ollow-up required by th			NO THE	NO 🗆	A	ni N	S	V				
	inspector's name (printed) and signature: Thomas A. Hater Thomas Q: Hater												
Conta	Contact person's name (printed) and signature:												
Contre	ctor's name (printed) s	and alg	nature: X	HLAN J.	acquez f	ttan	Jugi	rest					
						•	•	· U					

•	. ()		()		,
	TANK REMOVA	L/ABANDON	MENT	Date 各	112,96
	Maryland Departme			Time In:_	
MDE	_	nent Administration		Time Out:	
MIDE	2500 Broening Highway, (410)	624 2442	10 21224 1 N	Facility #	· · ·
Site Name: Bettsville Agac	ullural Kasoa Beal	enter	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Case #97	0270 1902
	11-4116 80700	· ······	•	OPEN 2	CLOSE
1aTank(s) removed 2Number of USTs remain		ks(s) abandoned i	n-place	INITIAL	FOLLOW-UP
3. Has an environmental assessment	-	YES	□ / NO		
4. Has piping been properly abandor		YES	NO	☐ UNKNO	wn 🗆
5. Has all liquid been removed from6. Have tank(s) been purged of expl		YES YES	NO		
	The Thin residence of Tables in the Assessment Co.				
Tank # Type of Age Product (yrs.)	Size Type Tai	and section 1	II .	Type of Piping	Disposal Site
		Tank (Y/N)	Piping (Y/N)	T.P.II.B	DIC .
3000					
1 Heating Oil 20+	3000 Stee	l N	N E	Ver 1	oseph Smith
THE PROPERTY OF THE PROPERTY O				190	La a d
				r	7 17 - D
				10	5A-11 more
 					
7. Is groundwater contaminated?	YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	DETECTABLE	AT THIS TIM	E 🗹	
8. Is soil contaminated? YES 🗆 T	YPE OF PRODUCT	NO [☐ NOT DE	TECTABLE A	T THIS TIME
8a. Were contaminated soils removed?	YES [(Complete Contan	ninated Soil Remov	val form) NO	(Describe in	n Item 11)
9. ACTIONS REQUIRED IMMEDIA	TELY OF THE OWNER BY	THIS ADMINIS	TRATION:		•
	PUMP OUT LIQUID			LL .	
□ OTHER:					. 99
10. ACTION REQUIRED WITHIN _	3 DAYS OF THE OW	JED DV THIC AF	NAINIETT A TI	ON.	
ALL TANK REMOVAL/AB	ANDONMENT DOCUMEN			UN:	
Submitten & DISDEAN	Tithing Administra	AT Th.	30 200	ch19/12/	16
PROPERLY ABANDON PIP	To This Administr		N SUCIFIC	3 9 F T	70
MONITORING V	VELL(S) REQUIRED IN LO	OCATION(S) DES		TEM 11	
COMPLETE AN ENVIRONM AMEND REGISTRATION F				TT DEDCOM	(submit two copie
MIEND REGISTRATION F	ORM - REGISTRATION F	OKM PROVIDED	TO CONTAC	I PERSON	
OTHER:	······································	 		<u> </u>	<u>·</u>
P1. m - -1	COMMENTS PAGE? Y	ES I NO D	. +.	· ^	4. AL 1
ar 8/2/96 turing	this of free the	langour	spectralia	st almoso	tech of lank
yeveraled spore rush		***	A .	fleshome	xarations
10 of popularing	of popularity	minalian, a	Morro	f Jouen	201
Lackell Cass I	her headling like	en recien	follar	Rivired	reverly 1/2
administration	bootle tron 410-	536-420010	nesile		V
12. Has inspector completed: Site SI	ketch? Yes No	Site Photogr	aphs? 🗆 Yes	No	• •
		N			
13. Were tanks labeled? ☐ Yes (described)14. Is follow-up required by this Adm		NOTED	101		
Inspector's name (printed) and signatu	re: [nombs hitabe	KI JAKOMO	8 (1 starrer	<u> </u>	
Contact person's name (printed) and s	gnature:	1			

TANK REMOVAL/ABANDONMENT Date 8 14 96	
Maryland Department of the Environment Time In:	
Waste Management Administration Time Out:	
2500 Broening Highway, Baltimore, Maryland 21224 Grant Garding Highway, Baltimore, Maryland 21224 Facility #	
Site Name: BARE-BIGG# 419 (410) 631-3442 WIN Facility # Case # 970805 Po	2
Address DE MS VIII 2000 CLOSE	
1aTank(s) removed	
3. Has an environmental assessment been completed? YES NO LY	,
4. Has piping been properly abandoned? YES UNKNOWN UN	
5. Has all liquid been removed from tanks(s)? 6. Have tank(s) been purged of explosive or combustible vapors? YES NO NO	
TO THE PROPERTY OF THE PROPERT	
Tank # Type of Age Size Type of Perforations Type of Disposal Tank Piping Site	
1 Heating Oil 25+ 1000 Steel N NI Steel Joseph Smill	
	1
	╢.
	- -
	1
	ᆁ
7. Is groundwater contaminated? YES □ NO □ NOT DETECTABLE AT THIS TIME □	
3. Is soil contaminated? YES TYPE OF PRODUCT NO NOT DETECTABLE AT THIS TIME	1
Ba. Were contaminated soils removed? YES □ (Complete Contaminated Soil Removal form) NO □ (Describe in Item 11)	٠.
). ACTIONS REQUIRED IMMEDIATELY OF THE OWNER BY THIS ADMINISTRATION:	
☐ STOP OPERATIONS ☐ PUMP OUT LIQUID ☐ CONTAIN AND CLEANUP SPILL	
OTHER:	
10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:	, .
\sim 1 \sim \sim 1 1 \sim 1	מאציו
Submit TANK DISPOSA! Keened To This Administration within 30 days by Properly abandon piping in compliance with comar	47
MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11	
© MPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR (submit two c	opie
AMEND REGISTRATION FORM AREGISTRATION FORM PROVIDED TO CONTACT PERSON	, .
OTHER:	:
11. Comments: , ADDITIONAL COMMENTS PAGE? YES NO	1
En 8/14/96; parwed on often with last of ien 410-5364200 on the	
temoral for the above described tank. Lank, was in good condition in	нЦ
very little rusting or sitting yno notice rebe participations, It	
Low exceptions difer text elses with no says of containination.	
Exerci removed wheleon sight, Case will be closed uppentant receipt in	نهر
12. Has inspector completed: Site Sketch? Yes No Site Photographs? Yes No	
13. Were tanks labeled? Yes (describe in item 11) No 14. Is follow-up required by this Administration? YES NO	
Inspector's name (printed) and signature: Thomps H. Hober Skemes Wholes	
Contact person's name (printed) and signature: Contractor's name (printed) and signature: TAMES DATES	

			CANK RE	MOVAL/ABA	NDON	O.MENT	Date 4	3., <u>] L., 96</u>			
	\	\	Maryland	d Department of the	Environn	nent	Time In	:			
MDI			*	e Management Adm Highway, Baltimor	e, Maryla	nd 21224	\ \	ut:			
Address: 1a	e:BARE N 5653 Subst Tank(s) remov Number of US n environmental as	ved Ts remain	lb ing on-site	(410) 631-3442 [SYINE 30' Tanks(s) ab	005		Case #_OPENINITIAL	72 0294 PGZ CLOSE			
4. Has p 5. Has a	iping been properl Il liquid been remo	y abandor oved from	ned?	le vapors?	YES YES YES			IOWN 🗆			
Tank #	Type of Product	Age (yrs.)	Size	Type of Tank	66.7 Killian Maria 2 16.7 Killian	ations Piping (Y/N)	Type of Piping	Disposal Site			
	#Z-011	20+	550	STED	N	N	None Box11	Joseph Smith			
								7			
				,							
		<u> </u>				<u>`</u> :					
7. Is gro	undwater contamin	nated?	YES □ NO □	NOT DETEC	TABLE A	AT THIS	тіме 🗷				
8. Is soil	contaminated?	YES 🗆 7	YPE OF PRODUC	Ť	NO E] ио	Γ DETECTABLE	AT THIS TIME T			
8a. Were	contaminated soils	removed	? YES 🗆 (Compl	ete Contaminated S	oil Remov	al form)	NO (Describe	e in Item 11)			
	ONS REQUIRED TOP OPERATION		APELY OF THE OPENIED PUMP OUT LIQU	WNER BY THIS A ID CONTAI							
_	THER:		Apllons Rev								
	10. ACTION REQUIRED WITHIN 30 DAYS OF THE OWNER BY THIS ADMINISTRATION: ALL TANK REMOVAL/ABANDONMENT DOCUMENTATION INCLUDING:										
Submit Disposal Record FORTANK TO This Administration within 30days by 9/16/46											
 □ PROPERLY ABANDON PIPING IN COMPLIANCE WITH COMAR □ MONITORING WELL(S) REQUIRED IN LOCATION(S) DESCRIBED IN ITEM 11 □ COMPLETE AN ENVIRONMENTAL ASSESSMENT IN COMPLIANCE WITH COMAR □ AMEND REGISTRATION FORM □ REGISTRATION FORM PROVIDED TO CONTACT PERSON 											
<u> </u>	OTHER: This TANK WAS IllegAlly Abandoned on This property- No ASSOCIATED PIPIN										
11. Comm	ents: 8/16/9b			GE? YES . D		alani	loned tank	will produ			

En 8/16/96- Arrived en site la investigation alandoned tark with processing the structure of the complex in verify the truth the complex in verify the truth the complex of the from 410-536-4200 shipwed site to remove production tark then remove tark from the 12. Has inspector completed: Site Sketch? Yes [The Site Photographs? Yes] No

13. Were tanks labeled?

Yes (describe in item 11)

No

Contact person's name (printed) and signature:

Contractor's name (printed) and signature:

14. Is follow-up required by this Administration? YES Inspector's name (printed) and signature:

Low Homas A Habra

2,008, 112 TOMPKINS FOR USOA

	4. Ha 5. Ha	as an eas pipir	ng been properl quid been rem	red Ts remaini ssessment by abandon oved from	Marylan Wass 2500 Broening 1b. Ing on-site been completed? ed?	EMOVAL/ABA ad Department of the te Management Adm g Highway, Baltimor (410) 631-3442	Environn inistration e, Maryla	nent 21224 All an-place	Time In Time Of Facility Case # OPEN INITIA	99-0141) CLOSE
	Tanl	k#	Type of Product	Age (yrs.)	Size	Type of Tank	Perfor Tank (Y/N)	ations Piping (Y/N)	Type of Piping	Disposal Site
		7	#Z01	4	SSD	Total Continu	P N	N	Copper	David Joseph
		- 7						· · · · · · · · · · · · · · · · · · ·		
	A. Carrier		<u>, 1</u>							
	8. Is s 8a. We 9. AC	soil con ere con	taminated soils REQUIRED I	YES\Z-T removed? IMMEDIA	TELY OF THE (NO Coll Remov	NOTal form)	Γ DETECTABL NO ፟ (Describ N:	E AT THIS TIME be in Item 11)
	IO ÁC		TANK REMO	VAL/ABA		THE OWNER BY OCUMENTATION			RATION:	
		COM	MONIT	ORING W	VELL(S) REQUII ENTAL ASSESSM	ANCE WITH COMA RED IN LOCATION IENT IN COMPLIAN RATION FORM PR	N(S) DES	н сома	R	(submit two (
العم العم العم العم			er: Jan	4	.*	DIC 97-132		<u></u>	Exp. 12/1	99
, ·	11. Cor	Minments (1) U5 Be	550 Cal Tweel	UST	COMMENTS PA Ramored ppm on m + 115 p	From Inte	.0 1	VI	arn. So on Abo	ls Beneut one Were xcavation
	12. Has	inspec	tor completed:	Site Sk	etch? Yes	No Site	Photogra	iphs? 🗆	Yes SNo	
	14. Is fo Inspecto Contact	ollow-u or's nan person		this Admir d signature ed) and sig	gnature:	S 🗆 NO 🗵	_	SINDA SINDA	~T)/2	

State of Maryland

Department of the Environment

Waste Management Administration

2500 Broening Highway, Baltimore, Maryland 21224

(410) 631-3442

Facility #

Date _

Time In: Time Out:

Site Name: BARC Blok #186	Mile	Case # 90	1-0141 f
Address: Howdermill Rd Betwille 20765		OPEN	CLOSE
a Tank(s) removed 1b Tank(s) abandoned in	n-place	INITIAL	FOLLOW-UP
2 Number of USTs remaining on-site	~V,	7	r
3. Has an environmental assessment been completed? YES	NO = NO E		
Has piping been properly abandoned?	NÔ □	UNKNOWN 🗆	١.,
5. Has all liquid been removed from tank(s)? YES	Ø NO □	, ,	•
6. Have tank(s) been purged of explosive or combustible vapors? YES	□ NO □	1	<u>:</u> ·

,	Fank #	Type of	Age	Size	Type of	Perforations		Type of	Disposal	
		Product	(yrs.)	Arthur S.	Tank	Tank (Y/N)	Piping (Y/N)	Piping	Site	
	1	#2 0il	4	550	ACT 100	W	N	Copper	Down Joseph	
		3								
	7.1						_			
			7 - 5	'.						

		Product	(yrs.)	Arthur S.	T	ank	Tank (Y/N)	Piping (Y/N)	Piping	Site
		#2 Dil	4	550	ACT	100	V	Ń	Copper	Don'd Joseth
-						<u> </u>				
			7							
Ave.		lwater contaminate	•	YES □ NO □ NE OF PRODUCT			7		CTABLE AT THI	STIME □
8a. Wei	e co	ntaminated soils re	moved?	YES ☐ (Complete 0	Contaminat	ed Soil Rer	noval form) NO [(Describe in Item	n 11)
9. ACT				Y OF THE OWNER IP OUT LIQUID		ADMINIS				
	OTI	IER:	· · · · · ·	 :	· ·					74.
	ALI	TANK REMOV	AL/ABAND DISPOSO	DAYS OF THE	ENTATIO	N INCLUE		RATION:		
	CON	MONITO MPLETE AN ENV	RING WEL IRONMEN	IN COMPLIANCE L(S) REQUIRED IN TAL ASSESSMENT I REGISTRATI	LOCATION IN COMI	ON(S) DES PLIANCE '	WITH CO	MAR	(submit two copies)
A	î OTE	IER: James	Oate	moic moic	97-	1325	(I)	Ex	P. 12/19	9
11. Con) 556 LX	ST R	comments page? emoved g Be Por	ww.	Side		de.	Sals A d for Po D.K. To	free of Sto Installantic Backfull
12. Has	inspe	ector completed:	Site Sketch?	□ YES ŒNO	٠.,	Site Photo	ographs?	□ YES	X NO	
13. Wer	e tan	ks labeled? Y	ES (describe	e in item 11) DNC)		·	<u></u>		
14. Is fo	llów r's na	-up required by th ame (printed) and	is Administ	ration SYES E	TI-NO	ange	5	soar	THE	

Contact person's name (printed) and signature; Contractor's name (printed) and signature:_

MDE 234 9/93

,		2) \			MOVAL/ABA				7 13 99
		· · · · · · · · · · · · · · · · · · ·	-	Waste	d Department of the e Management Adm	inistration	'1	Time O	ut:
	MDE				Highway, Baltimor (410) 631-3442		nd 21224	To add the	#
	Site Name	: BARC Entomol	Blog.	470 Be	Hsrile		N	Case #	99-0136
	la.	Tank(s) remov	red 1	1b	Tanks(s) ab	andoned i	n-place	OPEN INITIA	(CLOSE) L FOLLOW-U
		Number of US n environmental a	ssessment	been completed?		YES		NO 🗆	IONAL 🗆 🗇
<i>'</i> .	5. Has al	ping been proper l liquid been rem	oved from	tanks(s)?	1	YES YES	ভব	NO 🗆	IOWN 🗆
	6. Have t			osive or combustib	Type of	YES	ations	NO Type of	Disposal
	rank #	Type of Product	Age (yrs.)	Size	Tank,	Tank (Y/N)	Piping (Y/N)	Piping	Site
	Ī	#2011	8	2000	Step 3	N	N	opper	J.W Sosce
			C .						
			N					<i>'</i>	
85	7. Is grou	ındwater contamir	nated?	YES □ NO □	NOT DETEC				
40·				•	CT				E AT THIS TIME
		•			ete Contaminated S				e in Item 11)
				PUMP OUT LIQU	OWNER BY THIS A FID CONTAI				
	□ _ 0′	THER:	· . ^			<u> </u>	·. ·		
	10. ACTIO	N REQUIRED W	VITHIN _	DAYS OF	THE OWNER BY OCUMENTATION	THIS AD	MINISTI	RATION:	
	A.			osal leci	· ·	INCLOD			
	☐ PF	ROPERLY ABAN	DON PIP	ING IN COMPLIA	ANCE WITH COM		CDIDED	IN ITEM 11	
٠.		OMPLETE AN EN	VIRONM	ENTAL ASSESSM	RED IN LOCATION	NCE WIT	'H COMA	.R	(submit two
		11.1		· 1	ration form pf DIC <i>98-0</i>	CS A/	10 COI	1	800
	☐ O'			COMMENTS PA		337C	<u>, </u>	7-3/112	300
	11. Comme	ZK UST	^	ored from		Bldz.	Soc	b Bonea	th UST SE
	h	microty	- New	de by 6		btaine	Q, 7	ank Ba	ckfilled .
	<u></u>	James.	- CXC	Wathor O.	KTO Back	D	1	so run	min acron
•									
	12. Has, ins	pector completed:	Site Sk	tetch? 🗆 Yes 🧍	≥No Site	e Photogra	aphs?	Yes 🗆 No	**
				ibe in item 11)		/ /			
	Inspector's	name (printed) ar	nd signatur				wa	74/	<u> </u>
	Contact per Contractor's	son's name (prints name (printed)	ed) and si and signati	gnature: Woste	Fron- Nich	L Eag	le	W ph	